



PTSD Coding Fact Sheet for Primary Care Pediatricians

Current Procedural Terminology (CPT®) Codes

Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most pediatricians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor or a consultation code for the initial assessment:

Physician Evaluation & Management Services

99201	<u>Office or other outpatient visit, <i>new patient</i></u> ; self limited or minor problem, 10 min.
99202	low to moderate severity problem, 20 min.
99203	moderate severity problem, 30 min.
99204	moderate to high severity problem, 45 min.
99205	high severity problem, 60 min.
	<small>A <i>new patient</i> is one who has not received any professional face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/ qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years</small>
99211	<u>Office or other outpatient visit, <i>established patient</i></u> ; minimal problem, 5 min.
99212	self limited or minor problem, 10 min.
99213	low to moderate severity problem, 15 min.
99214	moderate severity problem, 25 min.
99215	moderate to high severity problem, 40 min.
99241	<u>Office or other outpatient <i>consultation</i></u> , new or established patient; self-limited or minor problem, 15 min.
99242	low severity problem, 30 min.
99243	moderate severity problem, 45 min.
99244	moderate to high severity problem, 60 min.
99245	moderate to high severity problem, 80 min.

NOTE: Use of these codes (99241-99245) requires the following:

- Written or verbal request for consultation is documented in the patient chart;
- Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
- Consultant's opinion and any services that are performed are prepared in a written report, which is sent to the requesting physician or other appropriate source (*Note: Patients/Parents may not initiate a consultation*)
- For more information on consultation code changes for 2010

Reporting E/M services using "Time"

- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time shall be considered the key or controlling factor to qualify for a particular level of E/M services.
- This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.
- For coding purposes, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient.
- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used.

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided
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- Prolonged services can only be added to codes with listed typical times such as the ones listed above. In order to report physician or other qualified health care professional prolonged services the reporting provider must spend a minimum of 30 minutes beyond the typical time listed in the code level being reported. When reporting outpatient prolonged services only count face-to-face time with the reporting provider. When reporting inpatient or observation prolonged services you can count face-to-face time, as well as unit/floor time spent on the patient's care. However, if the reporting provider is reporting their service based on time (ie, counseling/coordinating care dominate) and not key components, then prolonged services cannot be reported unless the provider reaches 30 minutes beyond the listed typical time in the highest code in the set (eg, 99205, 99226, 99223). It is important that time is clearly noted in the patient's chart. For clinical staff prolonged services refer to CPT codes 99415-99416 in the CPT manual.

+99354 Prolonged services in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with time-based codes 99201-99215, 99241-99245, 99301-99350, 90838*)
 +99355 each additional 30 min. (*use in conjunction with 99354*)

- Used when a physician or other qualified health care professional provides prolonged services beyond the usual service (ie, beyond the typical time).
- Time spent does not have to be continuous.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

Physician Non-Face-to-Face Services

99339 Care Plan Oversight - Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
 99340 30 minutes or more

99358 Prolonged physician services without direct patient contact; first hour Note: This code is no longer an "add-on" service and can be reported alone.
 +99359 each additional 30 min. (*use in conjunction with 99358*)

99367 Medical team conference by physician with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more

99441 Telephone evaluation and management to an established patient, parent or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

99444 Online evaluation and management service provided by a physician or other qualified healthcare professional to an established patient or guardian not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

Psychiatric Diagnostic or Evaluative Interview Procedures

90801 Psychiatric diagnostic interview examination

90802 Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpretation, or other communication mechanisms

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Psychotherapy

- 90832 Psychotherapy, 30 min with patient and/or family;
+90833 with medical evaluation and management (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)
- 90834 Psychotherapy, 45min with patient and/or family;
+90836 with medical evaluation and management services (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)
- 90837 Psychotherapy, 60 min with patient and/or family;
+90838 with medical evaluation and management services (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

- +90785 Interactive complexity (Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management service [90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350], and group psychotherapy [90853])
- Refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical encounters include:
 - Patients who have other individuals legally responsible for their care
 - Patients who request others to be present or involved in their care such as translators, interpreters or additional family members
 - Patients who require the involvement of other third parties such as child welfare agencies, schools or probation officers

90846 Family psychotherapy (without patient present)

90847 Family psychotherapy (conjoint psychotherapy) (with patient present)

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple family group)

- For interactive group psychotherapy use code 90785 in conjunction with code 90853

Other Psychiatric Services/Procedures

+90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (Use in conjunction with 90832, 90834, 90837)

- For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report E/M codes, use the appropriate E/M codes 99201-99255, 99281-99285, 99304-99337, 99341-99350 and the appropriate psychotherapy with E/M service 90833, 90836, 90838).

- Note code 90862 was deleted.

90885 Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes

90887 Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient

90889 Preparation of reports on patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

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Screening & Testing

- 96101 **Psychological testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102 **Psychological testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103 **Psychological testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), administered by a computer, with *qualified health care professional* interpretation and report
- 96105 **Assessment of aphasia** (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- 96110 **Developmental screening** with scoring and documentation (eg, Developmental Screening Test II, Early Language Milestone Screen), per standardized instrument
- 96127 **Brief emotional/behavioral assessment** (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Non-Physician Provider (NPP) Services

- 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
 - chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
 - comprehensive care plan established, implemented, revised, or monitored.
- Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. If 20 minutes are not met within a calendar month, you do not report chronic care management. Refer to *CPT* for more information.
- 99366 **Medical team conference** with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified healthcare professional
- 99368 **Medical team conference** with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified healthcare professional
- 96150 **Health and behavior assessment** performed by nonphysician provider (health-focused clinical interviews, behavior observations) to identify psychological, behavioral, emotional, cognitive or social factors important to management of physical health problems, 15 min., initial assessment
- 96151 re-assessment
- 96152 **Health and behavior intervention** performed by nonphysician provider to improve patient's health and well-being using cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems), individual, 15 min.
- 96153 group (2 or more patients)
- 96154 family (with the patient present)

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96155 family (without the patient present)

Non-Face-to-Face Services: NPP

98966 Telephone assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-20 minutes of medical discussion

98969 On-line assessment and management service provided by a qualified nonphysician healthcare professional to an established patient or guardian not originating from a related assessment and management service provided within the previous seven days nor using the internet or similar electronic communications network

Miscellaneous Services

99071 Educational supplies, such as books, tapes or pamphlets, provided by the physician for the patient's education at cost to the physician

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Codes

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- Once a definitive diagnosis is established, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses that are not part of the usual disease course or are considered incidental.
- **ICD-10-CM codes are only valid on or after October 1, 2015.**

Trauma- and Stressor-Related Disorders

F43.10 Post-traumatic stress disorder, unspecified

F43.11 Post-traumatic stress disorder, acute

F43.12 Post-traumatic stress disorder, chronic

F43.21 Adjustment disorder with depressed mood

F43.22 Adjustment disorder with anxiety

F43.23 Adjustment disorder with mixed anxiety and depressed mood

F43.25 Adjustment disorder with mixed disturbance of emotions and conduct

F43.29 Adjustment disorder with other symptoms

F43.0 Acute stress reaction

F43.8 Other reactions to severe stress

F43.9 Reaction to severe stress, unspecified

Dissociative Disorders

F44.0 Dissociative amnesia

F44.1 Dissociative fugue

F44.2 Dissociative stupor

F44.4 Conversion disorder with motor symptom or deficit

F44.5 Conversion disorder with seizures or convulsions

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- F44.6** Conversion disorder with sensory symptom or deficit
- F44.7** Conversion disorder with mixed symptom presentation
- F44.81** Dissociative identity disorder
- F44.89** Other dissociative and conversion disorders
- F44.9** Dissociative and conversion disorder, unspecified

Behavioral/Emotional Disorders

- F90.0** Attention-deficit hyperactivity disorder, predominantly inattentive type
- F90.1** Attention-deficit hyperactivity disorder, predominantly hyperactive type
- F90.8** Attention-deficit hyperactivity disorder, other type
- F90.9** Attention-deficit hyperactivity disorder, unspecified type
- F91.1** Conduct disorder, childhood-onset type
- F91.2** Conduct disorder, adolescent-onset type
- F91.3** Oppositional defiant disorder
- F91.9** Conduct disorder, unspecified
- F93.0** Separation anxiety disorder
- F93.8** Other childhood emotional disorders (relationship problems)
- F93.9** Childhood emotional disorder, unspecified
- F94.9** Childhood disorder of social functioning, unspecified

Depressive Disorders

- F32.0** Major depressive disorder, single episode, mild
- F32.1** Major depressive disorder, single episode, moderate
- F32.2** Major depressive disorder, single episode, severe without psychotic features
- F32.3** Major depressive disorder, single episode, severe with psychotic features
- F32.4** Major depressive disorder, single episode, in partial remission
- F32.5** Major depressive disorder, single episode, in full remission
- F32.8** Other depressive episodes (eg, atypical depression, post-schizophrenic depression)
- F32.9** Major depressive disorder, single episode, unspecified
- F33.0** Major depressive disorder, recurrent, mild
- F33.1** Major depressive disorder, recurrent, moderate
- F33.2** Major depressive disorder, recurrent severe without psychotic features
- F33.3** Major depressive disorder, recurrent, severe with psychotic symptoms
- F33.40** Major depressive disorder, recurrent, in remission, unspecified
- F33.41** Major depressive disorder, recurrent, in partial remission
- F33.42** Major depressive disorder, recurrent, in full remission
- F33.8** Other recurrent depressive disorders
- F33.9** Major depressive disorder, recurrent, unspecified
- F34.1** Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)

Anxiety Related Disorders

- F40.00** Agoraphobia, unspecified
- F40.01** Agoraphobia with panic disorder
- F40.02** Agoraphobia without panic disorder
- F40.10** Social phobia, unspecified
- F40.11** Social phobia, generalized
- F40.8** Phobic anxiety disorders, other (phobic anxiety disorder of childhood)
- F40.9** Phobic anxiety disorder, unspecified
- F41.0** Panic disorder [episodic paroxysmal anxiety] without agoraphobia (panic attack)
- F41.1** Generalized anxiety disorder
- F41.9** Anxiety disorder, unspecified
- F93.0** Separation anxiety disorder of childhood

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Feeding and Eating Disorders/Elimination Disorders

- F50.8** Eating disorders, other (psychogenic vomiting)
- F50.9** Eating disorder, unspecified
- F98.0** Enuresis not due to a substance or known physiological condition
- F98.1** Encopresis not due to a substance or known physiological condition
- F98.3** Pica (infancy or childhood)
- F63.9** Impulse disorder, unspecified

Neurodevelopmental Disorders

- F70** Mild intellectual disabilities
- F71** Moderate intellectual disabilities
- F72** Severe intellectual disabilities
- F73** Profound intellectual disabilities
- F79** Unspecified intellectual disabilities
- F80.4** Speech and language developmental delay due to hearing loss (code also hearing loss)
- F80.89** Other developmental disorders of speech and language
- F80.9** Developmental disorder of speech and language, unspecified

Obsessive-Compulsive and Related Disorders

- F60.5** Obsessive-compulsive personality disorder
- F63.3** Trichotillomania/hair plucking
- F63.9** Impulse disorder, unspecified
- F98.8** Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence (nail-biting, nose-picking, thumb-sucking)

Sleep Disorders

- F51.01** Primary insomnia
- F51.02** Adjustment insomnia
- F51.03** Paradoxical insomnia
- F51.04** Psychophysiological insomnia
- F51.3** Sleepwalking [somnambulism]
- F51.4** Sleep terrors [night terrors]
- F51.8** Other sleep disorders not due to a substance or known physiological condition
- F51.9** Sleep disorder not due to a substance or known physiological condition, unspecified

Substance-Related and Addictive Disorders:

If a provider documents multiple patterns of use, only one should be reported. Use the following hierarchy: use–abuse–dependence (eg, if use and dependence are documented, only code for dependence).

When a minus symbol (-) is included in codes **F10–F17**, a last digit is required. Be sure to include the last digit from the following list:

- 0** anxiety disorder
- 2** sleep disorder
- 8** other disorder
- 9** unspecified disorder

Alcohol

- F10.10** Alcohol abuse, uncomplicated
- F10.14** Alcohol abuse with alcohol-induced mood disorder
- F10.159** Alcohol abuse with alcohol-induced psychotic disorder, unspecified
- F10.18-** Alcohol abuse with alcohol-induced
- F10.19** Alcohol abuse with unspecified alcohol-induced disorder
- F10.20** Alcohol dependence, uncomplicated
- F10.21** Alcohol dependence, in remission
- F10.24** Alcohol dependence with alcohol-induced mood disorder
- F10.259** Alcohol dependence with alcohol-induced psychotic disorder, unspecified

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- F10.28-** Alcohol dependence with alcohol-induced
- F10.29** Alcohol dependence with unspecified alcohol-induced disorder
- F10.94** Alcohol use, unspecified with alcohol-induced mood disorder
- F10.959** Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
- F10.98-** Alcohol use, unspecified with alcohol-induced
- F10.99** Alcohol use, unspecified with unspecified alcohol-induced disorder

Cannabis

- F12.10** Cannabis abuse, uncomplicated
- F12.18-** Cannabis abuse with cannabis-induced
- F12.19** Cannabis abuse with unspecified cannabis-induced disorder
- F12.20** Cannabis dependence, uncomplicated
- F12.21** Cannabis dependence, in remission
- F12.28-** Cannabis dependence with cannabis-induced
- F12.29** Cannabis dependence with unspecified cannabis-induced disorder
- F12.90** Cannabis use, unspecified, uncomplicated
- F12.98-** Cannabis use, unspecified with
- F12.99** Cannabis use, unspecified with unspecified cannabis-induced disorder

Sedatives

- F13.10** Sedative, hypnotic or anxiolytic abuse, uncomplicated
- F13.129** Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
- F13.14** Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
- F13.18-** Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced
- F13.21** Sedative, hypnotic or anxiolytic dependence, in remission
- F13.90** Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
- F13.94** Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
- F13.98-** Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced
- F13.99** Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder

Stimulants (eg, Caffeine, Amphetamines)

- F15.10** Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated
- F15.14** Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced mood disorder
- F15.18-** Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced
- F15.19** Other stimulant (amphetamine-related disorders or caffeine) abuse with unspecified stimulant-induced disorder
- F15.20** Other stimulant (amphetamine-related disorders or caffeine) dependence, uncomplicated
- F15.21** Other stimulant (amphetamine-related disorders or caffeine) dependence, in remission
- F15.24** Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced mood disorder
- F15.28-** Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced
- F15.29** Other stimulant (amphetamine-related disorders or caffeine) dependence with unspecified stimulant-induced disorder
- F15.90** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified, uncomplicated
- F15.94** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced mood disorder
- F15.98-** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced
- F15.99** Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with unspecified stimulant-induced disorder

Nicotine (eg, Cigarettes)

- F17.200** Nicotine dependence, unspecified, uncomplicated
- F17.201** Nicotine dependence, unspecified, in remission
- F17.203** Nicotine dependence unspecified, with withdrawal

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- F17.20-** Nicotine dependence, unspecified, with
- F17.210** Nicotine dependence, cigarettes, uncomplicated
- F17.211** Nicotine dependence, cigarettes, in remission
- F17.213** Nicotine dependence, cigarettes, with withdrawal
- F17.218-** Nicotine dependence, cigarettes, with

Other

- F07.89** Other personality and behavioral disorders due to known physiological condition
- F07.9** Unspecified personality and behavioral disorder due to known physiological condition
- F30.8** Other manic episodes (atypical)
- F39** Mood (affective) disorder, unspecified
- F45.41** Pain disorder exclusively related to psychological factors
- F45.42** Pain disorder with related psychological factors (code also associated acute or chronic pain (G89.-))
- F48.1** Depersonalization-derealization syndrome
- F48.8** Other specified nonpsychotic mental disorders
- F48.9** Nonpsychotic mental disorder, unspecified
- F68.11** Factitious disorder with predominantly psychological signs and symptoms
- F68.12** Factitious disorder with predominantly physical signs and symptoms
- F68.13** Factitious disorder with combined psychological and physical signs and symptoms

Symptoms, Signs, and Ill-Defined Conditions

Use these codes in absence of a definitive mental diagnosis or when the sign or symptom is not part of the disease course or considered incidental.

- G44.201** Tension-type headache, unspecified, intractable
- G47.9** Sleep disorder, unspecified
- N39.44** Nocturnal enuresis
- R06.02** Shortness of breath
- R06.4** Hyperventilation
- R07.9** Chest pain, unspecified
- R10.0** Acute abdomen pain
- R10.84** Generalized abdominal pain
- R11.0** Nausea
- R11.11** Vomiting without nausea
- R11.2** Nausea with vomiting, unspecified
- R19.8** Other specified symptoms and signs involving the digestive system and abdomen
- R42** Dizziness
- R45.0** Nervousness
- R45.83** Excessive crying of child, adolescent or adult
- R45.89** Other symptoms and signs involving emotional state
- R47.89** Other speech disturbances
- R47.9** Unspecified speech disturbances
- R51** Headache
- R53.81** Other malaise
- R53.82** Chronic fatigue, unspecified
- R53.83** Other fatigue
- R63.3** Feeding difficulties
- R63.4** Abnormal weight loss
- R63.5** Abnormal weight gain
- R68.89** Other general symptoms and signs

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Z Codes

Z codes represent reasons for encounters. Categories **Z00–Z99** are provided for occasions when circumstances other than a disease, injury, or external cause classifiable to categories **A00–Y89** are recorded as 'diagnoses' or 'problems'. This can arise in 2 main ways.

(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem is in itself not a disease or injury.

(b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

Z13.4	Encounter for screening for certain developmental disorders in childhood (not for routine screen)
Z13.89	Encounter for screening for other disorder (anxiety, depression)
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination and persecution
Z60.9	Problem related to social environment, unspecified
Z62.21	Foster care status (child welfare)
Z62.810	Personal history of physical and sexual abuse in childhood
Z62.811	Personal history of psychological abuse in childhood
Z62.812	Personal history of neglect in childhood
Z62.819	Personal history of unspecified abuse in childhood
Z63.4	Disappearance and death of family member (Bereavement)
Z63.72	Alcoholism and drug addiction in family
Z63.8	Other specified problems related to primary support group
Z65.3	Problems related to legal circumstances
Z69.010	Encounter for mental health services for victim of parental child abuse
Z69.020	Encounter for mental health services for victim of non-parental child abuse
Z71.89	Counseling, other specified
Z71.9	Counseling, unspecified
Z72.0	Tobacco use
Z77.011	Contact with and (suspected) exposure to lead
Z81.0	Family history of intellectual disabilities (conditions classifiable to F70–F79)
Z81.8	Family history of other mental and behavioral disorders
Z83.2	Family history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (anemia)
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z86.59	Personal history of other mental and behavioral disorders
Z86.69	Personal history of other diseases of the nervous system and sense organs
Z87.09	Personal history of other diseases of the respiratory system
Z87.19	Personal history of other diseases of the digestive system
Z87.798	Personal history of other (corrected) congenital malformations
Z87.81	Personal history of (healed) traumatic fracture
Z87.820	Personal history of traumatic brain injury
Z87.828	Personal history of other (healed) physical injury and trauma
Z88.9	Allergy status to unspecified drugs, medicaments and biological substances status
Z91.09	Other allergy status, other than to drugs and biological substances
Z91.14	Patient's other noncompliance with medication regimen
Z91.19	Patient's noncompliance with other medical treatment and regimen

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