



Adolescent Health Services Coding

➤ Preventive Medicine Services

- If an illness or abnormality is encountered or a preexisting problem is addressed in the process of performing the preventive medicine service, and if the illness, abnormality, or problem is significant enough to require additional work to perform the key components of a problem-oriented evaluation and management (E/M) service (history, physical examination, medical decision-making), the appropriate office or other outpatient service code (**99201–99215**) should be reported in addition to the preventive medicine service code. Modifier **25** should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.
- An insignificant or trivial illness, abnormality, or problem encountered in the process of performing the preventive medicine service that does not require additional work and performance of the key components of a problem-oriented E/M service should *not* be reported.
- The comprehensive nature of the preventive medicine service codes reflects an age- and gender-appropriate history and physical examination and is *not* synonymous with the comprehensive examination required for some other E/M codes (eg, **99204**, **99205**, **99215**).
- Immunizations and ancillary studies involving laboratory, radiology, or other procedures, or screening tests (eg, vision and hearing screening) identified with a specific *CPT* code, are reported separately from the preventive medicine service code.

Preventive Medicine Services: *New Patients*

Initial comprehensive preventive medicine E/M of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.

CPT Codes

99384 Adolescent (age 12–17 years)

99385 18 years or older

A new patient 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.

Preventive Medicine Services: *Established Patients*

Periodic comprehensive preventive medicine reevaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.

CPT Codes

99394 Adolescent (age 12–17 years)

99395 18 years or older

Table 1 - ICD-10-CM Codes Used to Link to the Preventive Medicine Service

ICD-10-CM Code	Descriptor
Z00.121	Encounter for routine <u>child health</u> examination <i>with abnormal findings</i>
Z00.129	Encounter for routine <u>child health</u> examination <i>without abnormal findings</i>
Z00.00	Encounter for general <u>adult*</u> medical examination <i>without abnormal findings</i>
Z00.01	Encounter for general <u>adult*</u> medical examination <i>with abnormal findings</i>
Z02.0	Encounter for examination for admission to educational institution
Z02.4	Encounter for examination for driving license
Z02.5	Encounter for examination for participation in sport

*There is no ICD-10-CM guideline on the age cut-off from the child health exam to the adult exam, most payers follow the 17 year cut off. At 18 years of age use the adult codes. Check with your payers for details.

➤ **Preventive Counseling, Risk Factor Reduction,**

- Used to report services provided for the purpose of promoting health and preventing illness or injury.
- They are distinct from other E/M services that may be reported separately when performed.
- Counseling will vary with age and address such issues as family dynamics, diet and exercise, sexual practices, injury prevention, dental health, and diagnostic or laboratory test results available at the time of the encounter.
- Codes are time-based, where the appropriate code is selected based on the approximate time spent providing the service.
- Extent of counseling or risk factor reduction intervention must be documented in the patient chart to qualify the service based on time.
- Counseling or interventions are used for persons *without* a specific illness for which the counseling might otherwise be used as part of treatment.
- Cannot be reported with patients who have symptoms or established illness.
- For counseling individual patients with symptoms or established illness, report an office or other outpatient service code (**99201–99215**) instead.
- For counseling groups of patients with symptoms or established illness, report **99078** (physician educational services rendered to patients in a group setting) instead.

Preventive Medicine, Individual Counseling

- 99401** Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes
- 99402** approximately 30 minutes
- 99403** approximately 45 minutes
- 99404** approximately 60 minutes

Preventive Medicine, Group Counseling

- 99411** Preventive medicine counseling or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 minutes
- 99412** approximately 60 minutes

➤ **Behavior Change Intervention Codes**

Behavior Change Interventions, Individual

- Used only when counseling a patient on smoking cessation (**99406–99407**).
- If counseling a patient’s parent or guardian on smoking cessation, do not report these codes (**99406–99407**) under the patient; instead, refer to preventive medicine counseling codes (**99401–99404**) if the patient is not currently experiencing adverse effects (eg, illness) or include under the problem-related E/M service (**99201–99215**).
- Behavior change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse.

★ Indicates CPT allows as a telemedicine service

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- If reporting alcohol or substance abuse intervention codes (**99407-99408**) do not report the screen (**96160**) separately, it is included. If only reporting the screen see “Risk Behavior Screens” below.

- ★**99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- ★**99407** intensive, greater than 10 minutes
- ★**99408** Alcohol or substance (other than tobacco) abuse structured screening (eg, Alcohol Use Disorder Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services; 15 to 30 minutes
- ★**99409** greater than 30 minutes

Diagnostic Codes for Preventive Counseling Risk Factor Reduction and Behavior Change Interventions

- The diagnosis code(s) reported for counseling risk factor reduction and behavior change intervention codes will vary depending on the reason for the encounter.
- Remember that the patient cannot have symptoms or established illness to report the preventive medicine counseling; therefore, the diagnosis code(s) reported cannot reflect symptom(s) or illness(es).
- Examples of some possible diagnosis codes include the following. For a more robust list see the [Substance Abuse fact sheet](#)

Table 2

ICD-10-CM Code	Description
Tobacco and Substance Use	
F10.10	Alcohol abuse, uncomplicated
F10.20	Alcohol dependence, uncomplicated
F11.10	Opioid abuse, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F15.10	Other stimulant abuse, uncomplicated (Amphetamine type substance use)
F17.210	Nicotine dependence, cigarettes, uncomplicated
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member/partner/friend of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member/partner/friend of drug abuser
Z71.6	Tobacco abuse counseling
Z87.891	Personal history of nicotine dependence
Contraception	
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy
Z30.011	Encounter for <u>initial</u> prescription of contraceptive pills
Z30.012	Encounter for prescription of emergency contraception
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.015	Encounter for <u>initial</u> prescription (and counseling) of: vaginal ring hormonal contraceptive
Z30.016	transdermal patch hormonal contraceptive device
Z30.017	implantable subdermal contraceptive
Z30.018	other contraceptives (eg, diaphragm or barrier)
Z30.09	Encounter for other general counseling and advice on contraception
Z30.41	Encounter for surveillance of contraceptive pills (repeat prescription)
Z30.42	Encounter for surveillance of injectable contraceptive
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.44	Encounter for repeat prescription for contraceptive pill
Z30.45	Encounter for <u>surveillance</u> (and counseling) of: vaginal ring hormonal contraceptive
Z30.46	transdermal patch hormonal contraceptive device
Z30.49	implantable subdermal contraceptive
	other contraceptives (eg, diaphragm or other barrier)

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Other Preventive Related Issues	
Z91.89	Other specified personal risk factors, not elsewhere classified
Z71.3	Dietary surveillance and counseling
Z71.82	Exercise counseling
Z71.9	Counseling, unspecified
Z28.3	Underimmunization status
Z71.89	Other specified counseling

➤ **Pelvic Examination**

- Preventive medicine service codes (**99381–99385** and **99391–99395**) include a pelvic examination as part of the age- and gender-appropriate examination.
- However, if the patient is having a problem, the physician can report an office or other outpatient E/M service code (**99212–99215**) for the visit and attach modifier **25**, which identifies that the problem-oriented pelvic visit is a separately identifiable E/M service by the same physician on the same date of service.
- Link the appropriate *ICD-10-CM* code to define the preventive medicine encounter (eg, Z00.121) to the preventive medicine service code, but link a different diagnosis code (eg *ICD-10-CM* code **N89.8**[vaginal discharge] , or *ICD-10-CM* code **N94.4** [primary dysmenorrhea], **N94.5** [secondary dysmenorrhea] or **N94.6** [unspecified dysmenorrhea]) to the office or other outpatient E/M service code.
- Anticipatory or periodic contraceptive management is not a “problem” and therefore is included in the preventive medicine service code; however, if contraception creates a problem (eg, breakthrough bleeding, vomiting), the service can be reported separately with an office or other outpatient service code.

➤ **Contraception Services**

Counseling

- A patient may request contraception services during a routine well adolescent exam or as a stand-alone service.
 - For contraceptive counseling done during an age appropriate routine preventive medicine service exam, consider the counseling as part of the overall service.
 - For a stand-alone service, the counseling will be covered under the Preventive Medicine Service Counseling codes (**99401-99404**).
 - For contraceptive services that are a result of a medical condition whereby the contraception is being prescribed for a medical reason (not simply to prevent pregnancy) then report the counseling service with an office visit code (**★99201-99215**).

Procedures

Injectable contraceptives

In addition to reporting a service if counseling needs to take place, you should code for the injection service.

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

J1050 Injection, medroxyprogesterone acetate, 1 mg

Intrauterine device management

In addition to reporting a service if counseling needs to take place, you should code for insertion, removal or insertion and removal.

58300 Insertion of intrauterine device (IUD)

58301 Removal of intrauterine device (IUD)

J7297 Levonorgestrel-releasing IU contraceptive system, 52 mg, 3 year duration (Liletta)

J7298 Levonorgestrel-releasing IU contraceptive system, 52 mg, 5 year duration (Mirena)

J7300 Intrauterine copper contraceptive

J7301 Levonorgestrel-releasing IU contraceptive system, 13.5 mg (Skyla)

Table 3 - Contraceptive Services Diagnosis Codes

ICD-10-CM	Description
Z30.011	Encounter for initial prescription of contraceptive pills
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.012	Encounter for prescription of emergency contraception
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.40	Encounter for surveillance of contraceptives, unspecified
Z30.41	Encounter for surveillance of contraceptive pills
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.42	Encounter for surveillance of injectable contraceptive
Z30.49	Encounter for surveillance of other contraceptives
Z01.411	Encounter for gynecological examination with abnormal findings
Z01.419	Encounter for gynecological examination w/o abnormal findings
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z11.51	Encounter for screening for human papillomavirus (HPV)

➤ Depression Screening

96127 Brief emotional/behavioral assessment (eg, depression inventory) with scoring and documentation, per standardized instrument

- Used to report administration of standardized behavioral/emotional assessments
- Can be reported for routine screens (yearly from ages 11 – 21 years)
- Can be reported when there are signs of depression

➤ Risk Behavior Screen

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

- Used to report the administration of a standardized and scorable risk tool
- Example includes the CRAFFT
- Do not report **96160** with **99408** or **99409** when the screen is related to the service

➤ Vaccines

Pediatric Immunization Administration Codes

Require that *both* criteria are met

1. Patient is 18 years of age or younger
2. Counseling is performed by a physician or other health care provider (eg, mid-level provider, one who can bill under his/her own name or NPI)

90460 IA through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

+**90461** each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure.)

Report based on vaccine components. Every vaccine given will be reported with the 90460 regardless of route of administration, however, for those with multiple components (eg, Tdap) you will also report 90461 for each additional component beyond the first (which is included in the 90460).

Non-Age Specific Immunization Administration Codes

Report a *CPT*® and an *ICD* code for each vaccine administration as well as for each vaccine product given during a patient encounter.

90471 IA (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)

+**90472** each additional vaccine (single or combination vaccine/toxoid) (List separately to code for primary procedure.)

90473 IA (includes intranasal or oral administration); one vaccine (single or combination vaccine/toxoid)

+**90474** each additional vaccine (single or combination vaccine/toxoid) (List separately to code for primary procedure.)

- Do not report 90471 with 90473
- Codes 90471 and 90473 are used to code for the first immunization given during a single office visit. Codes 90472 and 90474 are considered add-on codes (hence the + symbol next to them) to 90460, 90471, and 90473. This means that the provider will use 90472 or 90474 in addition to 90460, 90471, or 90473 if more than one vaccine is administered during a visit. Note that there can only be one first administration during a given visit.
- If during a single encounter for a patient 18 years or younger, a physician or other qualified health care professional only counsels on some of the vaccines, report code 90460 (and 90461 when applicable) for those counseled on and defer to codes 90472 or 90474 as appropriate for those that are not counseled on.

Table 4 - Commonly Administered Adolescent Vaccine Products

CPT® Code	Separately report the administration with Current Procedural Terminology (CPT®) codes 90460-90461 or 90471-90474	Manufacturer	Brand
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 2 or 3 dose schedule, for IM use	Merck	GARDASIL 9
90630	Influenza virus vaccine, quad (IIV4), split virus, preservative free, for intradermal use	SP	Fluzone Intradermal Quad
90672	Influenza virus vaccine, quad (LAIV), live, intranasal use	MedImmune	Flumist Quad
90674	Influenza virus vaccine, quad (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, IM (Do not use for multi-dose – report 90749)	Seqirus	Flucelvax
90682	Influenza virus vaccine, quad (RIV4), derived from recombinant DNA, HA protein only, preservative and antibiotic free, IM use	Protein Sciences	Flublok
90686	Influenza virus vaccine, quad (IIV4), split virus, preservative free, 0.5ml dosage, for IM use	Seqirus SP GSK GSK	Afluria Fluzone Quad FLUARIX Quad FLULAVAL
90688	Influenza virus vaccine, quad (IIV4), split virus, 0.5ml dosage, for IM use	SP GSK	Fluzone Quad FLULAVAL
90756 or 90749	Influenza virus vaccine, quad(ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for IM use	Seqirus	Flucelvax Quad
90656	Influenza virus vaccine, tri (IIV3), split virus, preservative free, 0.5ml dosage, for IM use	Seqirus Novartis	AFLURIA Fluvirin
90658	Influenza virus vaccine, tri (IIV3), split virus, 0.5ml dosage, for IM use	Seqirus Novartis	AFLURIA Fluvirin
90673	Influenza virus vaccine, tri (RIV3), derived from recombinant DNA, HA protein only, preservative and antibiotic free, IM use	Protein Sciences	Flublok
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for IM use	Novartis	Bexsero
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 2 or 3 dose schedule, for IM use	Pfizer	Trumenba
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (MenCY-Hib), 4-dose schedule, (children 6 weeks-18 months of age), for IM use	GSK	MenHibrix
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y,W-135, quad (MenACWY or MPSV4), for subcutaneous use	SP	Menomune
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for IM use	MBL SP	Td (adult) adsorbed TENIVAC
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for IM use	SP GSK	ADACEL BOOSTRIX

Vignette #1

A 19-year-old patient presents to the office to complete a college physical examination (in college the patient will be living in a dorm). He is due for a tetanus-diphtheria-acellular pertussis (Tdap) booster, meningococcal vaccine, and influenza vaccine. The physician counsels the patient on each and the nurse administers each.

CPT Codes

99395 25 Well exam, est patient, 18–39 years
90715 Tdap product
90471 IA, first injection
90734 Meningococcal (MCV4) product
90472 IA, each additional injection
90686 Influenza, quad, 0.5ml dose
90472 IA, each additional injection

ICD-10-CM Codes

Z02.0
Z23
Z23
Z23
Z23
Z23
Z23

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Vignette #2

Same example as above, but the patient is 18 years of age.

CPT Codes

99395 25	Well exam, est patient, 18–39 years
90715	Tdap product
90460	IA, first injection
90461 (x2)	IA, each additional components
90734	Meningococcal (MCV4) product
90460	IA, w/ counseling
90686	Influenza, quad, 0.5ml dose
90460	IA, w/ counseling

ICD-10-CM Codes

Z02.0
Z23

Teaching Point: The difference between vignette 1 & 2 is that patient's age allows for the pediatric IA codes to be reported in vignette 2 and reported based on "components." The Tdap has 3 components.

For More information:

Link to [adolescent vaccine schedule](#)

Link to complete [Vaccine Coding Table](#)

Vignette #3

An established 16 year old who has been one of your patients since she was born presents for their annual wellness exam. You followed all Bright Futures recommendations and administer the following:

- Visual Acuity Screen
- CRAFFT and PHQ-9,
- She is due for Menactra #2 and up to date on rest of vaccines. Physician counsels on the vaccine and document. Mother agrees to vaccinate
- Your staff administered the vaccine

CPT Codes

99394 25	Well exam, est patient, age 12 through 17 years
99173 59	Visual acuity screening
96127	PHQ-9
96160 59	CRAFFT
90734	
90460	

ICD-10-CM Codes

Z00.129
Z00.129
Z00.129
Z00.129
Z23
Z23

Vignette #4

Same patient in #4, however, the CRAFFT was positive for substance use. An additional 20 minutes was spent on the substance use (cannabis) counseling.

CPT Codes

99394 25	Well exam, est patient, age 12 through 17 years
99408	
99173 59	Visual acuity screening
96127	PHQ-9
96160 59	CRAFFT
90734	
90460	

ICD-10-CM Codes

Z00.121
F12.10,
Z00.121
Z00.121
Z00.121, F12.10
Z23
Z23

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A [tip sheet on transitioning adolescents to adult care](#) was developed for information on coding in these instances.

A [position paper on adolescent confidentiality and billing](#) was also developed.