



Anxiety Coding Fact Sheet for Primary Care Pediatrics

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 Office or other outpatient visit, *new patient*; 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.

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.

- ★99211 Office or other outpatient visit, *established patient*; 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 Office or other outpatient *consultation*, 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:

- a) Written or verbal request for consultation is documented in the patient chart;
- b) Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
- c) 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*)
- d) For more information on consultation code changes for 2010 see

<http://www.aap.org/moc/loadsecure.cfm/reimburse/PositiononMedicareConsultationPolicy.doc>

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.

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided

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- 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.
- 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 codes 99415-99416 below.

★+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*)

★+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 services without direct patient contact; first hour Note: This code is now valued on the Medicare physician fee schedule. Many private payers and Medicaid will follow suit and pay.

+99359 each additional 30 min. (*+ designated add-on code, 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

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99444 Online evaluation and management service provided by a physician or other qualified healthcare professional to an established patient, guardian or health care provider no 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

★90791 Psychiatric diagnostic interview examination evaluation

★90792 Psychiatric diagnostic evaluation with medical services

Psychotherapy

★ 90832 Psychotherapy, 30 min with patient;

★+90833 with medical evaluation and management (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

★90834 Psychotherapy, 45min with patient;

★+90836 with medical evaluation and management services (Use in conjunction with 99201-99255, 99304-99337, 99341-99350)

★90837 Psychotherapy, 60 min with patient;

★+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), 50 min

★90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 min

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).

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

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- 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

Psychological 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
- 96111 Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized instruments) with interpretation and report
- ★96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 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

Prolonged Clinical Staff Services with Physician or Other Qualified Health Care Professional Supervision

Codes 99415, 99416 are used when a prolonged E/M service is provided in the office or outpatient setting that involves prolonged clinical staff face-to-face time beyond the typical face-to-face time of the E/M service, as stated in the code description.

- + 99415 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour
- + 99416 each additional 30 minutes

Codes 99415-99416

- Must always be reported in addition to an appropriate office/outpatient E/M service (ie, 99201-99215)
- Require that the physician or qualified health care professional is present to provide direct supervision of the

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clinical staff.

- Are used to report the total duration of face-to-face time spent by clinical staff on a given date providing prolonged services, even if the time spent by the clinical staff on that date is not continuous.
- Are not reported for time spent performing separately reported services other than the E/M service is not counted toward the prolonged services time.
- Requires a minimum of 45 minutes spent beyond the typical time of the E/M service code being reported. May require that the clinical staff spend more time if the physician does not meet the time criteria of the E/M service being reported
- May not be reported in addition to 99354 or 99355.

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)

96155 family (without the patient present)

Non-Face-to-Face Services: NPP

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.

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 Online assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, or guardian, not originating from a related assessment and

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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

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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.**

Anxiety Related Disorders

- F06.4** Anxiety disorder due to known physiological condition
- F30.8** Other manic episodes
- F39** Unspecified mood [affective] disorder
- 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
- F41.8** Anxiety depression (mild or not persistent)
- F41.9** Anxiety disorder, unspecified
- F93.0** Separation anxiety disorder of childhood

Substance Induced Anxiety Disorders

- F10.280** Alcohol dependence with alcohol-induced anxiety disorder
- F10.980** Alcohol use, unspecified with alcohol-induced anxiety disorder
- F12.180** Cannabis abuse with cannabis-induced anxiety disorder
- F12.280** Cannabis dependence with cannabis-induced anxiety disorder
- F12.980** Cannabis use, unspecified with anxiety disorder
- F13.180** Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F13.280** Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F13.980** Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F14.180** Cocaine abuse with cocaine-induced anxiety disorder
- F14.280** Cocaine dependence with cocaine-induced anxiety disorder
- F14.980** Cocaine use, unspecified with cocaine-induced anxiety disorder
- F15.180** Other stimulant abuse with stimulant-induced anxiety disorder
- F15.280** Other stimulant dependence with stimulant-induced anxiety disorder
- F16.180** Hallucinogen abuse with hallucinogen-induced anxiety disorder
- F16.280** Hallucinogen dependence with hallucinogen-induced anxiety disorder
- F16.980** Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
- F18.180** Inhalant abuse with inhalant-induced anxiety disorder
- F18.280** Inhalant dependence with inhalant-induced anxiety disorder
- F18.980** Inhalant use, unspecified with inhalant-induced anxiety disorder
- F19.280** Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
- F19.980** Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder

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Depressive Disorders

F34.1 Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)

Feeding and Eating Disorders/Elimination Disorders

F50.89 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)

Impulse Disorders

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

F95.0 Transient tic disorder

F95.1 Chronic motor or vocal tic disorder

F95.2 Tourette's disorder

F95.9 Tic disorder, unspecified

Obsessive-Compulsive and Related Disorders

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)

Somatoform Disorders

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.-))

F45.8 Other somatoform disorders (psychogenic hyperventilation, teeth grinding)

Trauma and Stressor-Related Disorders

F43.20 Adjustment disorder, unspecified

F43.22 Adjustment disorder with anxiety

F43.23 Adjustment disorder with mixed anxiety and depressed mood

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

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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 (alcohol use disorder, mild)
- 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
- 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 (cannabis use disorder, mild)
- 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 (use disorder, mild)
- 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

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Stimulants (eg, Caffeine, Amphetamines)

- F15.10** Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated (use disorder, mild)
- 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 (tobacco use disorder, mild, moderate or severe)
- F17.201** Nicotine dependence, unspecified, in remission
- F17.203** Nicotine dependence unspecified, with withdrawal
- ~~**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

Trauma- and Stressor-Related Disorders

- 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

Other

- F07.81** Postconcussional syndrome
- F07.89** Personality and behavioral disorders due to known physiological condition, other
- F07.9** Personality and behavioral disorder due to known physiological condition, 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.-**))
- F48.8** Other specified nonpsychotic mental disorders (Neurasthenia)
- F48.9** Nonpsychotic mental disorder, unspecified
- F93.8** Childhood emotional disorders, other

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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
K59.00	Constipation, unspecified
N39.44	Nocturnal enuresis
R00.0	Tachycardia, unspecified
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R06.02	Shortness of breath
R06.4	Hyperventilation
R07.9	Chest pain, unspecified
R10.0	Acute abdomen pain
R11.0	Nausea
R11.11	Vomiting without nausea
R11.2	Nausea with vomiting, unspecified
R12	Heartburn
R14.1	Gas pain
R14.2	Eructation
R14.3	Flatulence
R19.7	Diarrhea, unspecified
R19.8	Other specified symptoms and signs involving the digestive system and abdomen
R45.0	Nervousness
R45.89	Other symptoms and signs involving emotional state
R51	Headache
R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R68.89	Other general symptoms and signs
T56.OX1-	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter (requires a 7 th digit –refer to the ICD manual)

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)

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Z62.6	Inappropriate (excessive) parental pressure
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
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
Z63.31	Absence of family member due to military deployment
Z63.32	Other absence of family member
Z63.4	Disappearance and death of family member
Z63.5	Disruption of family by separation and divorce
Z63.72	Alcoholism and drug addiction in family
Z63.8	Other specified problems related to primary support group
Z65.3	Problems related to other legal circumstances
Z71.89	Counseling, other specified
Z71.9	Counseling, unspecified
Z72.0	Tobacco use
Z81.0	Family history of intellectual disabilities (conditions classifiable to F70–F79)
Z81.8	Family history of other mental and behavioral disorders
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
Z87.820	Personal history of traumatic brain injury
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

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided

★ Indicates CPT allows as a telemedicine service *Current Procedural Terminology*© 2016 American Medical Association. All Rights Reserved.