



Inattention, Impulsivity, Disruptive Behavior and Aggression Coding Fact Sheet for Primary Care Pediatricians

Current Procedural Terminology (CPT®) Codes

Initial assessment usually involves substantial 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.
- 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 and parents may not initiate a consultation).
- d) For more information on consultation code changes for 2010 see http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/AAP_Position_Medicare_Consultation_Policy.pdf

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.

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

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- 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.
- Prolonged services can only be added to codes with listed typical times such as the ones listed above. In order to report 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/coordinates 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.

+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 minutes (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 are not reported separately.

Physician Non–Face-to-Face Services

*For more information on reporting these and other non-face-to-face services see the [Care Management](#) fact sheet.

Chronic Care Management

Codes are selected based on the amount of time spent by the physician or qualified health care professional providing care coordination activities. CPT clearly defines what is defined as care coordination activities. In order to report chronic care or complex chronic care management codes, you must

1. provide 24/7 access to physicians or other qualified health care professionals or clinical staff;
2. use a standardized methodology to identify patients who require chronic complex care coordination services
3. have an internal care coordination process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner
4. use a form and format in the medical record that is standardized within the practice
5. be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

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99491 Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, 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 or decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.

(For time spent by the physician directing clinical staff, refer to codes **99490**, **99487**, **99489** below)

Online Digital Evaluation and Management Service

These are patient-initiated services with physicians or other qualified health care professionals (QHPs) who are allowed to report E/M services. Online digital E/M services require physician or other QHP's evaluation, assessment, and management of the patient and are not for the nonevaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M. These are more appropriate when dealing with a more minor issue or during a month when you are not coding or providing more robust care thus this time would be reported under another service like care management.

- Patient must be established (problem can be new)
- Services must be initiated through Health Insurance Portability and Accountability Act (HIPAA)-compliant secure platforms
- Reported once for the physician's or other QHP's (including all in the same group practice) cumulative time during a seven-day period
- The seven-day period begins with the physician's or other QHP's initial, personal review of the patient-generated inquiry.
- Online digital E/M services require permanent documentation storage (electronic or hard copy) of the encounter.
- Do not report these codes separately if the patient is seen within 7 days of the service for an issue related to the encounter.
- Your *date of service* will be the date the initiation of the e-visit began or the range of dates it took place because this service is cumulative time over 7 days.

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time

during the 7 days; 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes

Care Plan Oversight

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

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medical therapy, within a calendar month; 15-29 minutes
99340 30 minutes or more

Prolonged Services

99358 Prolonged services before or after direct patient contact; first hour Note: This code is now published on the Medicare physician fee schedule as a payable service. Many private payers and state Medicaid will follow suit. Report when performed.

+99359 each additional 30 min. (*Use in conjunction with 99358*)

Medical Team Conference

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

Telephone Care Services

99441 Telephone evaluation and management to 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

Psychiatric Diagnostic or Evaluative Interview Procedures

★90791 Psychiatric diagnostic interview examination evaluation

★90792 Psychiatric diagnostic evaluation with medical services

Psychiatry

+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]*)

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

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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Assessment and Testing

Psychological Testing

96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

+ **96131** each additional hour (List separately in addition to code **96130**)

96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

+ **96137** each additional 30 minutes (List separately in addition to **96136**)

96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

Assessment of Aphasia

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

Emotional/Behavioral Assessment

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Developmental Screening/Testing

96110 Developmental screening, with scoring and documentation per standardized instrument (Do not report for ADHD scales)

96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour

+ **96113** each additional 30 minutes (List separately in addition to code **96112**)

Neurobehavioral Status Exam

★ **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

Other Qualified Nonphysician Healthcare Professional Services (Non-Direct and Direct)

CPT defines a *qualified nonphysician health care professional* is a professional who may independently report services but may not report the physician or other qualified health care professional E/M services. These include but not limited to

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speech-language pathologists, physical therapists, occupational therapists, social workers, or dietitians.

Medical Team Conference

- 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

Telephone Assessment: Nonphysician Healthcare Professional

- 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** 21-30 minutes of medical discussion

Online Digital Evaluation and Management Service

Refer to codes **99421-99423** for more details.

The following codes are reported by nonphysician providers who may independently bill such as physical therapists and psychologists, but are not reported for clinical staff (eg, RN) unless noted in writing by your payer.

- 98970** Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 98971** 11-20 minutes
- 98972** 21 or more minutes

Health Behavior Assessment and Intervention (Direct Care)

- 96156** Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
- 96158** Health behavior intervention (HBI), individual, face-to-face; initial 30 minutes
- 96159** each additional 15 minutes (Report with 96158)
- 96164** HBI, group (2 or more patients), face-to-face; initial 30 minutes
- 96165** each additional 15 minutes (Report with 96164)
- 96167** HBI, family (with the patient present), face-to-face; initial 30 minutes
- 96168** each additional 15 minutes (Report with 96167)
- 96170** HBI, family (without the patient present), face-to-face; initial 30 minutes
- 96171** each additional 15 minutes (Report with 96170)

*Report the family HBI codes only when the intervention is centered around the family. Do not report if the parent is present because of the age of the patient, but they not involved in the intervention. Refer to the individual or group codes instead.

Miscellaneous Services

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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.

Anxiety Related Disorders

- F06.4** Anxiety disorder due to known physiological condition
- 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

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
- F95.0** Transient tic disorder
- F95.1** Chronic motor or vocal tic disorder
- F95.2** Tourette's disorder
- F95.9** Tic disorder, unspecified
- F98.8** Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence (nail-biting, nose-picking, thumb-sucking)

Mood[Affective] Disorders

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- F30.8** Other manic episodes
- F34.1** Dysthymic disorder
- F39** Unspecified mood [affective] disorder

Neurodevelopmental/Other Developmental Disorders

- F70** Mild intellectual disabilities
- F80.1** Expressive language disorder
- F80.2** Mixed receptive-expressive language disorder
- F80.4** Speech and language developmental delay due to hearing loss (code also hearing loss)
- F80.81** Stuttering
- F80.89** Other developmental disorders of speech and language
- F80.9** Developmental disorder of speech and language, unspecified
- F81.0** Specific reading disorder (dyslexia)
- F81.2** Mathematics disorder
- F81.81** Disorder of written expression
- F81.89** Other developmental disorders of scholastic skills
- F82** Developmental coordination disorder
- F84.0** Autistic disorder
- F88** Specified delays in development; other
- F89** Unspecified delay in development
- F81.9** Developmental disorder of scholastic skills, unspecified

Substance Induced Anxiety Disorders

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

Trauma and Stressor-Related Disorders

- F43.21** Adjustment disorder with depressed mood
- F43.24** Adjustment disorder with disturbance of conduct
- 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 Disorders

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F63.9 Impulse disorder, unspecified

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.

- G47.9** Sleep disorder, unspecified
- H90.0** Conductive hearing loss, bilateral
- H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
- H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
- K11.7** Disturbance of salivary secretions
- K59.00** Constipation, unspecified
- N39.44** Nocturnal enuresis
- R10.0** Acute abdomen pain
- R11.11** Vomiting without nausea
- R11.2** Nausea with vomiting, unspecified
- R19.7** Diarrhea, unspecified
- R21** Rash, NOS
- R25.0** Abnormal head movements
- R25.1** Tremor, unspecified
- R25.3** Twitching, NOS
- R25.8** Other abnormal involuntary movements
- R25.9** Unspecified abnormal involuntary movements
- R27.8** Other lack of coordination (excludes ataxia)
- R27.9** Unspecified lack of coordination
- R41.83** Borderline intellectual functioning
- R41.840** Attention and concentration deficit
- R41.89** Other symptoms and signs involving cognitive functions and awareness
- R42** Dizziness
- R45.0** Nervousness
- R45.1** Restlessness and agitation
- R45.4** Irritability and anger
- R45.5** Hostility
- R45.6** Violent behavior
- R45.87** Impulsiveness
- R45.89** Other symptoms and signs involving emotional state
- R48.0** Alexia/dyslexia, NOS
- R51** Headache
- R62.0** Delayed milestone in childhood
- R62.52** Short stature (child)
- R63.3** Feeding difficulties
- R63.4** Abnormal weight loss
- R63.5** Abnormal weight gain
- R68.2** Dry mouth, unspecified
- T56.0X1-** Toxic effect of lead and its compounds, accidental (unintentional)

Z Codes

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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.
- (c) When a social determinant of health is identified during an encounter and it is either addressed or shown to complicate the encounter, it should be coded.

Z13.89	Encounter for screening for other disorder
Z55.0	Illiteracy and low-level literacy
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord with teachers and classmates
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified (Z55 codes exclude conditions reported with F80–F89)
Z62.0	Inadequate parental supervision and control
Z60.4	Social exclusion and rejection
Z60.8	Other problems related to social environment
Z60.9	Problem related to social environment, unspecified
Z62.21	Foster care status (child welfare)
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
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
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
Z71.89	Counseling, other specified
Z71.9	Counseling, unspecified
Z77.011	Contact with and (suspected) exposure to lead
Z79.899	Other long term (current) drug therapy
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
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

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