



Substance Use/Abuse 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 https://www.aap.org/en-us/Documents/practicet_medicareconsulting.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.
- 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 physician or other qualified health care professional prolonged services (**99354-99355**) 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.

+99354 Prolonged physician 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 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.

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 and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes

99409 greater than 30 minutes

- Report codes **99406-99409** when you are treating your patient and not the parent unless you plan to code and bill under the parent.

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

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, 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

Other Psychiatric Services/Procedures

- 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

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

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

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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 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

- 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



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Drug Screening Services

Reporting for this may depend on payer rules. Some payers (mostly commercial payers) will require the use of the CPT codes, while any Medicare plan or any plan that follows Medicare payment rules (mostly Medicaid) will require the "G" codes.

CPT codes

Drug Class List A

The following list contains drugs or classes of drugs that are commonly assayed by presumptive procedures. The methodology is typically one in which the results are capable of being read by direct optical observation, including instrument-assisted when performed (eg, dipsticks, cups, cards, cartridges), or by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay). These procedures may also be followed by a definitive procedure.

Alcohol (Ethanol)	Methaqualone
Amphetamines	Methylenedioxymethamphetamine (MDMA)
Barbiturates	Opiates
Benzodiazepines	Oxycodone
Buprenorphine	Phencyclidine
Cocaine metabolite	Propoxyphene
Heroin metabolite (6-monoacetylmorphine)	Tetrahydrocannabinol (THC) metabolites (marijuana)
Methadone	Tricyclic Antidepressant
Methadone metabolite (EDDP)	
Methamphetamine	

Drug Class List B

The following list contains drugs or classes of drugs that may be assayed by presumptive procedures. The methodology typically requires more resources than the drugs listed in Drug Class List A. The procedure may include drug class specific pre-analytical sample preparation. It may be a manual process such as ELISA.

Acetaminophen	Nicotine/Cotinine
Carisoprodol/Meprobamate	Salicylate
Ethyl Glucuronide	Synthetic Cannabinoids
Fentanyl	Tapentadol
Ketamine	Tramadol
Meperidine	Zolpidem
Methylphenidate	Not otherwise specified

Use code 80300 to report single or multiple drug class procedures, other than TLC, using direct optical observation (eg, dipsticks, drug test cups, cassettes, and cards that are interpreted visually, with or without instrument assistance) for Class List A drug classes. Report 80300 once, irrespective of the number of direct observation drug class procedures or results on any date of service.

Use code 80301 to report single drug classes included in Drug Class List A, performed by methods other than direct optical observation or TLC, using discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay (eg, EIA, KIMS, CEDIA immunoassays) once per date of service. Use 80301 once to report single or multiple procedures performed, irrespective of the number of procedures, classes, or results on any date of service.

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Use code 80302 to report presumptive, single drug classes other than those in Drug Class List A (ie, Drug Class List B), other than direct optical observation or TLC, using immunoassays or chromatography without mass spectrometry, each drug class/procedure.

80300 Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service

80301 single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service

80302 Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure

80303 Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service

80304 not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure

For example:

- To report five (5) presumptive drug classes performed using a direct optical observation device procedure (drug test cup or 5 separate dipsticks), report 80300 once per date of service.
- To report three (3) presumptive drug classes (Drug Class List A) performed using an automated chemistry analyzer, report 80301 once per facility, per date of service.
- To report thirteen (13) presumptive drug classes (Drug Class List A) performed using an automated chemistry analyzer, report 80301 once per facility, per date of service.
- To report two (2) presumptive drug classes (Drug Class List B) performed using a semi-automated analyzer, report 80302 X 2.
- To report two (2) multiple drug TLC procedures (one acid/neutral analysis for 10 drugs; one base analysis for 45 drugs), report 80303 X 1, per date of service.

HCPCS Codes

G0477 Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

G0478 Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

G0479 Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.

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.

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).

Psychoactive Substance Use

As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis. The codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

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

[C] Alcohol

- F10.10** Alcohol abuse, uncomplicated
- F10.11** Alcohol abuse, in remission
- 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

[C] Opioid

- F11.10** Opioid abuse, uncomplicated
- F11.11** Opioid abuse, in remission
- F11.120** Opioid abuse with intoxication, uncomplicated
- F11.121** Opioid abuse with intoxication delirium
- F11.122** Opioid abuse with intoxication with perceptual disturbance
- F11.129** Opioid abuse with intoxication, unspecified
- F11.14** Opioid abuse with opioid-induced mood disorder
- F11.150** Opioid abuse with opioid-induced psychotic disorder with delusions
- F11.151** Opioid abuse with opioid-induced psychotic disorder with hallucinations
- F11.159** Opioid abuse with opioid-induced psychotic disorder, unspecified

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- F11.182** Opioid abuse with opioid-induced sleep disorder
- F11.188** Opioid abuse with other opioid-induced disorder
- F11.19** Opioid abuse with unspecified opioid-induced disorder
- F11.20** Opioid dependence, uncomplicated
- F11.21** Opioid dependence, in remission

[C]Cannabis

- F12.10** Cannabis abuse, uncomplicated
- F12.11** Cannabis abuse, in remission
- 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

[C]Sedatives

- F13.10** Sedative, hypnotic or anxiolytic abuse, uncomplicated
- F13.11** Sedative, hypnotic or anxiolytic abuse, in remission
- 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

[C]Stimulants (eg, Caffeine, Amphetamines)

- F15.10** Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated
- F15.11** Other stimulant abuse, in remission
- 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

[C]Nicotine (eg, Cigarettes)

- F17.200** Nicotine dependence, unspecified, uncomplicated
- 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

Depressive Disorders

- F30-** Report for bipolar disorder, single manic episode
- F30.10** Manic episode without psychotic symptoms, unspecified
- F30.11** Manic episode without psychotic symptoms, mild
- F30.12** Manic episode without psychotic symptoms, moderate
- F30.13** Manic episode, severe, without psychotic symptoms
- F30.2** Manic episode, severe with psychotic symptoms
- F30.3** Manic episode in partial remission
- F30.4** Manic episode in full remission
- F30.8** Other manic episodes
- F30.9** Manic episode, unspecified

- F31.0** Bipolar disorder, current episode hypomanic
- F31.10** Bipolar disorder, current episode manic without psychotic features, unspecified
- F31.11** Bipolar disorder, current episode manic without psychotic features, mild
- F31.12** Bipolar disorder, current episode manic without psychotic features, moderate
- F31.13** Bipolar disorder, current episode manic without psychotic features, severe
- F31.2** Bipolar disorder, current episode manic severe with psychotic features
- F31.30** Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
- F31.31** Bipolar disorder, current episode depressed, mild
- F31.32** Bipolar disorder, current episode depressed, moderate
- F31.4** Bipolar disorder, current episode depressed, severe, without psychotic features
- F31.5** Bipolar disorder, current episode depressed, severe, with psychotic features
- F31.60** Bipolar disorder, current episode mixed, unspecified
- F31.61** Bipolar disorder, current episode mixed, mild
- F31.62** Bipolar disorder, current episode mixed, moderate
- F31.63** Bipolar disorder, current episode mixed, severe, without psychotic features
- F31.64** Bipolar disorder, current episode mixed, severe, with psychotic features
- F31.70** Bipolar disorder, currently in remission, most recent episode unspecified
- F31.71** Bipolar disorder, in partial remission, most recent episode hypomanic
- F31.72** Bipolar disorder, in full remission, most recent episode hypomanic
- F31.73** Bipolar disorder, in partial remission, most recent episode manic
- F31.74** Bipolar disorder, in full remission, most recent episode manic
- F31.75** Bipolar disorder, in partial remission, most recent episode depressed
- F31.76** Bipolar disorder, in full remission, most recent episode depressed
- F31.77** Bipolar disorder, in partial remission, most recent episode mixed
- F31.78** Bipolar disorder, in full remission, most recent episode mixed
- F31.81** Bipolar II disorder
- F31.89** Other bipolar disorder (Recurrent manic episodes NOS)
- F31.9** Bipolar disorder, unspecified

- 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

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- 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)
- F39** Mood (affective) disorder, unspecified

Anxiety Disorders

- 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
- F41.1** Generalized anxiety disorder

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

Neurodevelopmental/Other Developmental Disorders

- F81.0** Specific reading disorder
- F81.2** Mathematics disorder
- F81.89** Other developmental disorders of scholastic skills
- F81.9** Developmental disorder of scholastic skills, 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.

- R45.851** Suicidal ideations
- R46.89** Other symptoms and signs involving appearance and behavior
- R46.5** Suspiciousness and marked evasiveness
- R48.0** Alexia/dyslexia, NOS
- R78.0** Finding of alcohol in blood (use additional external cause code (Y90.-), for detail regarding alcohol level)
- R78.1** Finding of opiate drug in blood
- R78.2** Finding of cocaine in blood
- R78.3** Finding of hallucinogen in blood
- R78.4** Finding of other drugs of addictive potential in blood
- R78.5** Finding of other psychotropic drug in blood

Poisoning and Adverse Effects

For codes **T40 – T51** use the following as the 5th or 6th digit to define the poisoning or adverse effect

- 1** Accidental (unintentional)
- 2** Intentional self-harm
- 3** Assault
- 4** Undetermined
- 5** Adverse effect
- 6** Underdosing

Codes **T40 – T51** require a 7th digit to define the encounter.

- A** Initial encounter
- D** Subsequent encounter
- S** Sequela

- T40.0X-** Opium
- T40.1X-** Heroin
- T40.2X-** Opioids (other)
- T40.3X-** Methadone
- T40.5X-** Cocaine
- T40.60-** Narcotics, unspecified
- T40.7X-** Cannabis (derivatives)
- T40.8X-** Lysergide (LSD)
- T40.90-** Hallucinogens, unspecified
- T42.3X-** Barbiturates
- T42.7-** Sedative-hypnotics, unspecified (need to add a 6th digit placeholder X)
- T43.60-** Psychostimulants, unspecified
- T43.9-** Psychotropic drugs, unspecified (need to add a 6th digit placeholder X)
- T51.0X-** Toxic effect of ethanol

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.

- Z02.83** Encounter for blood-alcohol and blood-drug test (use additional code for findings of alcohol or drugs in blood (**R78.-**))
- 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 those conditions reported with **F80-F89**)
- 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
- Z60.4** Social exclusion and rejection
- Z60.8** Other problems related to social environment

+ Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided
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- Z60.9** Problem related to social environment, unspecified
- Z62.0** Inadequate parental supervision and control
- Z62.21** Foster care status (child welfare)
- Z62.22** Institutional upbringing (child living in orphanage or group home)
- Z62.29** Other upbringing away from parents
- 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
- Z63.8** 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

- Z71.41** Alcohol abuse counseling and surveillance of alcoholic (use additional code for alcohol abuse or dependence (**F10.-**))
- Z71.51** Drug abuse counseling and surveillance of drug abuser (use additional code for drug abuse or dependence (**F11-F16, F18-F19**))
- Z71.89** Counseling, other specified
- Z72.0** Tobacco use
- Z73.4** Inadequate social skills, not elsewhere classified
- Z81.1** Family history of alcohol abuse and dependence (conditions classifiable to **F10.-**)
- Z81.2** Family history of tobacco abuse and dependence (conditions classifiable to **F17.-**)
- Z81.3** Family history of other psychoactive substance abuse and dependence (conditions classifiable to **F11-F16, F18-F19**)
- Z81.8** Family history of other mental and behavioral disorders
- Z87.891** Personal history of nicotine dependence