CPT Codes

**Physician Evaluation & Management Services**

**Outpatient**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office or other outpatient visit, new patient**; self-limited or minor problem; 10 min.</td>
</tr>
<tr>
<td>99202</td>
<td>low to moderate severity problem; 20 min.</td>
</tr>
<tr>
<td>99203</td>
<td>moderate severity problem; 30 min.</td>
</tr>
<tr>
<td>99204</td>
<td>moderate to high severity problem; 45 min.</td>
</tr>
<tr>
<td>99205</td>
<td>high severity problem; 60 min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>Office or other outpatient visit, established patient*; minimal problem; 5 min.</td>
</tr>
<tr>
<td>99212</td>
<td>self-limited or minor problem; 10 min.</td>
</tr>
<tr>
<td>99213</td>
<td>low to moderate severity problem; 15 min.</td>
</tr>
<tr>
<td>99214</td>
<td>moderate severity problem; 25 min.</td>
</tr>
<tr>
<td>99215</td>
<td>moderate to high severity problem; 40 min.</td>
</tr>
</tbody>
</table>

**Inpatient**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99238</td>
<td>Hospital discharge day management; 30 min.</td>
</tr>
<tr>
<td>99239</td>
<td>more than 30 min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99221</td>
<td>Initial hospital care* per day, admitting problem of low severity; 30 min.</td>
</tr>
<tr>
<td>99222</td>
<td>admitting problem of moderate severity; 50 min.</td>
</tr>
<tr>
<td>99223</td>
<td>admitting problem of high severity; 70 min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99231</td>
<td>Subsequent hospital care* per day; also used for follow-up inpatient consultation services; patient is stable, recovering or improving; 15 min.</td>
</tr>
<tr>
<td>99232</td>
<td>patient is responding inadequately to therapy or has developed minor complication; 25 min.</td>
</tr>
<tr>
<td>99233</td>
<td>patient is unstable or has developed a significant complication or new problem; 35 min.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td>Initial observation care* per day: admitting problem of low severity; 30 min.</td>
</tr>
<tr>
<td>99219</td>
<td>admitting problem of moderate severity; 50 min.</td>
</tr>
<tr>
<td>99220</td>
<td>admitting problem of high severity; 70 min.</td>
</tr>
</tbody>
</table>

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<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99224</td>
<td>Subsequent observation care*, per day: patient is stable, recovering, or improving; 15 min.</td>
</tr>
<tr>
<td>99225</td>
<td>patient is responding inadequately to therapy or has developed a minor complication; 25 min.</td>
</tr>
<tr>
<td>99226</td>
<td>patient is unstable or has developed a significant new problem; 35 min.</td>
</tr>
</tbody>
</table>

**Designated add-on code. Must be reported in addition to basic services as defined.**
American Academy of Pediatrics
Tobacco Coding Fact Sheet for Primary Care Pediatrics

99460 Normal newborn care; initial day
99462 Subsequent care, per day
99463 Same day admit and discharge

+99356 Prolonged services in the inpatient/observation setting; first hour (use in conjunction with time-based codes 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310)
+99357 each additional 30 min. (use in conjunction with 99356)

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 (eg, 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) (eg, 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 min.
99340 30 min. 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. (+ designated add-on code, use in conjunction with 99358)
99367 Medical team conference by physician with interdisciplinary team of health care professionals, patient and/or family not present; 30 min. or more
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 min. of medical discussion
99442 11-20 min. of medical discussion
99443 21-30 min. of medical discussion
99444 Online evaluation and management service provided by a physician or other qualified health care professional who may report an evaluation and management service to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

Non-Physician Provider (NPP) Services
99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family; 30 min. or more, participation by a non-physician qualified health care professional
99368 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present; 30 min. or more, participation by a non-physician qualified health care professional
96150 Health and behavior assessment performed by non-physician provider (health-focused clinical interviews, behavioral 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 non-physician provider to improve patient’s

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**A new patient is defined as one who has not received any face-to-face professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years (Principles of CPT Coding [Fifth edition], American Medical Association, 2012)
***To find your state’s quitline fax referral form, visit http://www2.massgeneral.org/ceasetobacco/states.htm
+ Designated add-on code. Must be reported in addition to basic services as defined.
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 non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 min. of medical discussion
98967 11-20 min. of medical discussion
98968 21-30 min. of medical discussion
98969 Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, 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

ICD-9-CM (Diagnosis) 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.
• Counseling diagnosis codes can be used when patient is present or when counseling the parent/guardian(s) when the patient is not physically present.
• A mental health condition that leads to low self-esteem or demoralization can lead to substance use/abuse. Often the substance use alleviates the emotional problem, at least in the short term. Though the use abuse is thought to stem from the mental health condition, both conditions coexist and treatment for both conditions is usually necessary. Code both the substance use/abuse and the mental health condition.

Substance Use/Abuse
For the following codes, 5th digit subclassification is as follows:
0 unspecified 2 episodic
1 continuous 3 in remission

Nondependent Abuse of Drugs
305.0X Alcohol abuse
305.1X Tobacco use disorder
305.2X Cannabis abuse
305.3X Hallucinogenic abuse
305.4X Sedative, hypnotic or anxiolytic abuse
305.5X Opioid abuse
305.6X Cocaine abuse
305.7X Amphetamine or related acting sympathomimetic abuse
305.8X Antidepressant type abuse
305.9X Other mixed or unspecified drug abuse (eg, caffeine intoxication, laxative habit)

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+ Designated add-on code. Must be reported in addition to basic services as defined.
Comorbid Diagnoses
For the following codes (296.0X-296.9X), 5th digit subclassification is as follows:
0 unspecified
1 mild
2 moderate
3 severe, without mention of psychotic behavior
4 severe, specified with psychotic behavior
5 in partial or unspecified remission
6 in full remission

296.0X Bipolar
300.02 Generalized anxiety disorder
300.23 Social phobia
300.4 Dysthymic disorder
312.81 Conduct disorder, childhood onset type
312.82 Conduct disorder, adolescent onset type
313.81 Oppositional defiant disorder
313.83 Academic underachievement disorder
314.00 Attention-deficit disorder, without mention of hyperactivity
314.01 Attention-deficit disorder, with mention of hyperactivity
314.1 Hyperkinesia with developmental delay
314.2 Hyperkinetic conduct disorder
315.00 Reading disorder, unspecified
315.01 Alexia
315.02 Developmental dyslexia
315.09 Specific reading disorder; other
315.1 Mathematics disorder
315.2 Specific learning difficulties; other

Medical Diagnoses
For the following codes (493.0X-493.2X, 493.9X) 5th digit subclassification is as follows:
0 unspecified
1 with status asthmaticus
2 with (acute) exacerbation

465.9 Upper Respiratory Infection (URI), Acute
493.0X Extrinsic asthma
493.1 X Intrinsic asthma
493.2X Chronic obstructive asthma
493.81 Exercise induced bronchospasm
493.82 Cough variant asthma
493.9X Asthma, unspecified
987.8 Toxic effect of secondhand smoke
989.84 Toxic effect of tobacco

NOTE: The diagnosis codes below are used to deal with occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems." Some carriers may request supporting documentation for the reporting of V codes. These codes may also be reported in addition to the primary ICD-9-CM code to list any contributing factors or those factors that influence the person’s health status but are not a current illness or injury.

V11.9 Personal history of unspecified mental disorder
V15.41 History of physical abuse
V15.42 History of emotional abuse
V15.82 History of tobacco use
V15.89 Other personal history presenting hazard to health (eg, secondhand smoke exposure)

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+ Designated add-on code. Must be reported in addition to basic services as defined.
V17.0  Family history of psychiatric condition
V40.2  Mental problems; other
V40.3  Behavioral problems; other
V40.9  Mental or behavioral problems; unspecified
V60.2  Inadequate material resources
V61.01 Family disruption due to family member on military deployment
V61.02 Family disruption due to return of family member from military deployment
V61.03 Family disruption due to divorce or legal separation
V61.04 Family disruption due to parent-child estrangement
V61.05 Family disruption due to child in welfare custody
V61.06 Family disruption due to child in foster care or in care of non-parental family member
V61.07 Family disruption due to death of family member
V61.08 Family disruption due to other extended absence of family member
V61.09 Other family disruption
V61.20 Counseling for parent-child problem; unspecified
V61.23 Counseling for parent-biological child problem
V61.24 Counseling for parent-adopted child problem
V61.25 Counseling for parent (guardian)-foster child problem
V61.29 Counseling for parent-child problem; other
V61.41 Alcoholism in the family
V61.42 Family history of substance abuse
V61.49 Health problems within family; other
V61.8 Health problems within family; other specified family circumstances
V61.9 Health problems within family; unspecified family circumstances
V62.3 Educational circumstances
V62.4 Social maladjustment
V62.81 Interpersonal problems, NEC
V62.84 Suicidal ideation
V62.89 Other psychological or physical stress; NEC, other
V62.9 Other psychosocial circumstance
V65.42 Counseling on substance use and abuse (eg, tobacco)
V65.49 Other specified counseling
V70.4 Examination for medico-legal reasons
V71.09 Observation for other mental conditions
V79.1 Special screening for alcoholism
V79.9 Special screening for unspecified mental disorder

NOTE: The following codes are only to be used as supplemental codes to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. The following codes are never to be used as primary ICD-9-CM codes, or as stand-alone ICD-9-CM codes.

E85.0  Accidental poisoning (AP) by heroin
E850.1 AP by methadone
E850.2 AP by other opiates and related narcotics
E851 AP by barbiturates
E852.8 AP by other specified sedatives and hypnotics
E852.9 AP by unspecified sedatives and hypnotics
E854.1 AP by psychodysleptics [hallucinogens]
E854.2 AP by psychostimulants
E860.0 AP by alcoholic beverages
E869.4 AP by secondhand smoke
E929.2 Late effects of AP

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+ Designated add-on code. Must be reported in addition to basic services as defined.
**Vignette #1**
A mother brings her two year old child (established patient) in for a well-baby check. In social history, you ask the mother whether she smokes and she admits that she smokes 1 pack a day and has been doing so for the past 10 years. You explain to her that besides the fact that smoking can be detrimental to her health, her child is at increased risk for respiratory problems including asthma, colds, upper respiratory infections and ear infections. You spend 25 minutes face to face explaining to her the serious implications this can have on her child’s health. When the parent shows interest in quitting, you discuss various options for smoking cessation, refer her to the state quitline using a fax referral form***, and give her literature on smoking cessation programs available in your area.

Coding:

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-9-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>99392</td>
<td>V20.2</td>
</tr>
<tr>
<td>Preventive medicine service; patient 1-4 years of age</td>
<td>Routine infant or child health check</td>
</tr>
</tbody>
</table>

**Teaching Point:** You can’t report smoking cessation provided to the mother under the patient’s name. The counseling that is being provided in the example is anticipatory guidance which is inherent in the preventive medicine visit.

**Vignette #2**
A mother brings her 5 year old son in for sudden onset of wheezing. You diagnose an acute exacerbation of his chronic asthma and initiate nebulizer treatment. His mother admits to being a 1.5 pack per day smoker and has tried to quit smoking in the past without success. You explain to the mother that her smoking has contributed to the exacerbation of the asthma. You give her literature on the various options for smoking cessation and explain the various modalities available to her, including local options such as the state quitline***. You then spend 10 additional minutes face to face discussing the relative risks and benefits of each. Overall face-to-face time is 20 minutes. You are at a level 4 office visit given the key components.

Coding:

<table>
<thead>
<tr>
<th>CPT</th>
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</tr>
</thead>
<tbody>
<tr>
<td>99214</td>
<td>493.22</td>
</tr>
<tr>
<td>Evaluation and management for an established patient requiring 2 out of 3 key components (modifier 25)</td>
<td>Chronic asthma with acute exacerbation</td>
</tr>
<tr>
<td>94640</td>
<td>493.22</td>
</tr>
<tr>
<td>Nebulizer treatment</td>
<td>Chronic asthma with acute exacerbation</td>
</tr>
<tr>
<td>493.22</td>
<td>Other specified personal history presenting hazards to health</td>
</tr>
<tr>
<td>493.22</td>
<td>Other specified counseling</td>
</tr>
<tr>
<td>493.22</td>
<td>Accidental poisoning by secondhand smoke</td>
</tr>
</tbody>
</table>

**Teaching Point:** Unless you are going to bill under the mother’s name to the insurance for the time spent counseling, the time spent would be subsumed under the E/M service for the patient. Since counseling does take up 50% of the total face-to-face time, you can use it to report your E/M service; however, the 20 minutes would only lead you to a 99213. Since your key components support the higher level, report the 99214.

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+ Designated add-on code. Must be reported in addition to basic services as defined.
**Vignette #3**

You are evaluating a teenager (16 year old) that has come for a sports physical examination and yearly check-up. On review of systems, she admits to some shortness of breath on exertion. Direct questioning reveals that she smokes 5-6 cigarettes a day and has also experimented with smokeless tobacco. She began smoking when her parents got divorced as it helped her cope with the depression she was feeling at that time. Since then, she has continued to smoke as she has heard that stopping smoking could cause her to gain weight. She is concerned, however, as she knows that smoking is bad for her health and could cause respiratory problems. You confirm that smoking has been shown to be detrimental to general health, and especially to the respiratory system. You ask her if she is committed to trying to stop smoking. She states that she is interested in stopping if it can be done AND she doesn’t gain too much weight. You briefly discuss options to assist her in stopping smoking. You then refer her to counseling for the depression as well as smoking cessation. Total time spent on smoking cessation counseling is 5 minutes.

**Coding:**

<table>
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<th>CPT</th>
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</tr>
</thead>
<tbody>
<tr>
<td>99394</td>
<td>Preventive Medicine Service; Adolescent (age 12–17 years)</td>
</tr>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate; greater than 3 minutes up to 10 minutes (modifier 25)</td>
</tr>
</tbody>
</table>

**Vignette #4**

You see a 16 year old boy in the after-hours clinic for his third visit in two months for an upper respiratory tract infection. He is an otherwise healthy boy with no chronic medical problems. However, this time, he has developed a persistent cough and shortness of breath when he plays soccer. You ask his parents to leave the room and discover that he smokes 1-2 cigarettes per day during the soccer season, and 5-7 cigarettes per day the rest of the year. He started when he started a new high school, as he wanted to fit in with the popular boys. You find that his peak flow is about 80% of what it should be for his age, gender, and height, and he has some rhonchi. A chest X-ray is negative for pneumonia. You explain to the boy that his smoking is making him susceptible to repeated episodes of upper respiratory tract infection. In addition, he is developing reactive airway disease that could make him susceptible to asthma and other problems. You show him literature that describes the various complications of smoking. You also tell him about the various smoking cessation programs available in the county and answer his questions about options that he would be able to obtain without his parents’ knowledge. You spend 40 minutes face to face total, with 20 minutes in counseling and 10 minutes strictly discussing smoking cessation options. He is diagnosed with exercise induced bronchospasms.

**Coding:**

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</thead>
<tbody>
<tr>
<td>99214</td>
<td>Evaluation and management for an established patient requiring 2 out of 3 key components (modifier 25)</td>
</tr>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate; greater than 3 minutes up to 10 minutes (modifier 25)</td>
</tr>
</tbody>
</table>

**Teaching Point:** While the overall time spent was 40 minutes, 10 minutes of that time will be separately reported under the smoking cessation code so it cannot be counted towards your overall E/M service.

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+ Designated add-on code. Must be reported in addition to basic services as defined.
**Vignette #5**
While covering the newborn nursery, you discharge a first-time mother who plans to breastfeed. As you routinely do, you ask her about smoking and she admits to smoking 1 pack or more a day for the past 10 years. She decreased this to half a pack while pregnant but could not decrease it any further due to cravings. Her husband is a smoker too and smokes 2 packs a day. You explain to the mother that smoking is very harmful, especially to the lungs of a newborn. You spend 15 minutes face to face explaining the various complications of smoking including asthma, recurrent upper respiratory infections, and ear infections. You explain to her that merely smoking outside the baby’s room would not eliminate the risk as she would be exposed to nicotine through breast milk which could lead to irritability and decreased sleep. You explain the various options for smoking cessation and give her literature to share with her husband. You offer to refer her to a smoking cessation program in the hospital, as well as the state quitline***. Overall the discharge service takes 35 minutes to complete.

**Coding:**

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<thead>
<tr>
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<tbody>
<tr>
<td>99239</td>
<td>V30.00 Single liveborn infant, hospital</td>
</tr>
<tr>
<td></td>
<td>V61.42 Family history of substance abuse</td>
</tr>
<tr>
<td></td>
<td>V65.49 Other specified counseling</td>
</tr>
</tbody>
</table>

**Vignette #6**
You see an infant admitted in the hospital for his second episode of wheezing in the last three months. He is the only child and does not attend day care. Both parents smoke in the house and in the car. He has had three ear infections in the last six months and is being considered for tube placements by his pediatrician. As part of the management of the infant you discuss the increased risk of ear infections and frequent respiratory symptoms, among other problems, as a consequence of their smoking. You assess their willingness to quit smoking and assist with arranging smoking cessation resources, both available in the hospital and through the state quitline***. This initial hospital encounter takes 80 minutes to complete, including unit/floor time. Of that time, 45 minutes is spent in counseling and coordinating care.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>99223</td>
<td>786.07 Wheezing</td>
</tr>
<tr>
<td></td>
<td>V12.49 Personal history of other specified disorders of sense organs</td>
</tr>
<tr>
<td></td>
<td>E869.4 Accidental poisoning by secondhand smoke</td>
</tr>
<tr>
<td></td>
<td>V65.49 Other specified counseling</td>
</tr>
</tbody>
</table>