CPT (Procedure) 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 and Management Services**

<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>
<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>
<tr>
<td>99241</td>
<td>Office or other outpatient consultation, new or established patient; self-limited or minor problem, 15 min</td>
</tr>
<tr>
<td>99242</td>
<td>Low severity problem, 30 min</td>
</tr>
<tr>
<td>99243</td>
<td>Moderate severity problem, 45 min</td>
</tr>
<tr>
<td>99244</td>
<td>Moderate to high severity problem, 60 min</td>
</tr>
<tr>
<td>99245</td>
<td>Moderate to high severity problem, 80 min</td>
</tr>
</tbody>
</table>

*NOTE: Use of these codes 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 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. (CPT, Professional Edition, 2011, pg 9)

- 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. (CPT, Professional Edition, 2011, pg 9)

- 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. (CPT, Professional Edition, 2011, pg 7)

- 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. (CPT, Professional Edition, 2011, pg xii)

- **Example:** A physician sees an established patient in the office to discuss the current ADHD medication the patient was placed on. The total face-to-face time was 22 minutes, of which 15 minutes was spent in counseling the mom and patient. Because more than 50% of the total time was spent in counseling, the physician would report the E/M service based on time. The physician would report a 99214 instead of a 99213 because the total face-to-face time was closer to a 99214 (25 minutes) than a 99213 (15 minutes).

ADHD Follow-up During a Routine Preventive Medicine Service

- A good time to follow up with patients regarding their ADHD could be during a preventive medicine service.

- If the follow-up does not require a lot of additional work on behalf of the physician, then it should be reported under the preventive medicine service and not separate.

- If the follow-up work requires an additional E/M service in addition to the preventive medicine service, it should be reported as a separate service.

- Chronic conditions should not be listed in the ICD-9-CM codes if not separately addressed.

*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 (CPT, Professional Edition, 2011, pg 4)
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 minutes

99340 30 minutes or more

99358 Prolonged evaluation and management service before and/or after direct patient care; 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 health care professionals, patient and/or family not present, 30 minutes 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 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 to an established patient, guardian or health care provider not 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

90801 Psychiatric diagnostic interview examination

90802 Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpretation, or other communication mechanisms

Other Psychiatric Services/Procedures

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

• Does require a face-to-face service

• Cannot be reported in addition to an E/M service because medication management is already part of the E/M service

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 physicians, 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.

96110 Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.

96111 Developmental testing; extended (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, e.g., 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.

**Nonphysician Provider (NPP) Services**

99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by a nonphysician qualified health care professional.

99368 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by a nonphysician qualified health care professional.

96120 Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.

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, each 15 min; initial assessment.

96151 reassessment.

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 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 minutes of medical discussion.

98967 11–20 minutes of medical discussion.

98968 21–30 minutes of medical discussion.

98969 Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 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.

**ICD-9-CM/DSM-PC (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.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>285.9</td>
<td>Anemia, unspecified</td>
</tr>
<tr>
<td>292.84</td>
<td>Drug-induced mood disorder (Add E code to identify the drug)</td>
</tr>
<tr>
<td>293.84</td>
<td>Anxiety disorder in conditions classified elsewhere</td>
</tr>
<tr>
<td>296.81</td>
<td>Atypical manic disorder</td>
</tr>
<tr>
<td>296.90</td>
<td>Unspecified episodic mood disorder</td>
</tr>
<tr>
<td>299.00</td>
<td>Autistic disorder, current or active state</td>
</tr>
<tr>
<td>299.01</td>
<td>Autistic disorder, residual state</td>
</tr>
<tr>
<td>300.00</td>
<td>Anxiety state, unspecified</td>
</tr>
<tr>
<td>300.01</td>
<td>Panic disorder</td>
</tr>
<tr>
<td>300.02</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>300.20</td>
<td>Phobia, unspecified</td>
</tr>
<tr>
<td>300.23</td>
<td>Social phobia</td>
</tr>
<tr>
<td>300.29</td>
<td>Other isolated or specific phobia</td>
</tr>
<tr>
<td>300.4</td>
<td>Dysthymic disorder</td>
</tr>
<tr>
<td>300.9</td>
<td>Unspecified nonpsychotic mental disorder</td>
</tr>
<tr>
<td>303.0</td>
<td>Substance Dependence/Abuse</td>
</tr>
<tr>
<td>304.3</td>
<td>Cannabis dependence</td>
</tr>
<tr>
<td>304.4</td>
<td>Amphetamine and other psychostimulant dependence</td>
</tr>
<tr>
<td>304.9</td>
<td>Unspecified drug dependence</td>
</tr>
</tbody>
</table>

**Substance Dependence/Abuse**

For the following codes (305) 5th digit subclassification is as follows:

- 0 unspecified
- 1 continuous
- 2 episodic
- 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)

307.0 Slurring

307.20 Tic disorder, unspecified

307.21 Transient tic disorder

307.22 Chronic motor or vocal tic disorder

307.23 Tourette's disorder

307.40 Nonorganic sleep disorder, unspecified

307.41 Transient disorder of initiating or maintaining sleep

307.42 Persistent disorder of initiating or maintaining sleep

307.46 Sleep arousal disorder

307.49 Other sleep disorder

307.50 Eating disorder, unspecified

307.52 Pica

307.6 Enuresis

307.9 Other and unspecified special symptoms or syndromes, not elsewhere classified (NEC)

308.0 Predominant disturbance of emotions

309.0 Adjustment disorder with depressed mood

309.21 Separation anxiety disorder

309.24 Adjustment disorder with anxiety

309.3 Adjustment reaction; with disturbance of conduct

309.9 Unspecified adjustment reaction

310.2 Postconcussion syndrome

310.89 Other specified nonpsychotic mental disorders following organic brain damage

310.9 Unspecified nonpsychotic mental disorders following organic brain damage

312.00 Undersocialized conduct disorder, aggressive type; unspecified

312.30 Impulse control disorder, unspecified

312.81 Conduct disorder, childhood onset type

312.82 Conduct disorder, adolescent onset type

312.9 Unspecified disturbance of conduct

313.3 Relationship problems

313.81 Oppositional defiant disorder

313.83 Academic underachievement disorder

313.9 Unspecified emotional disturbance of childhood or adolescence

314.00 Attention-deficit disorder, without mention of hyperactivity

314.01 Attention-deficit disorder, with mention of hyperactivity

314.1 Hyperkinesis with developmental delay (Use additional code to identify any associated neurological disorder)

314.2 Hyperkinetic conduct disorder

314.8 Other specified manifestations of hyperkinetic syndrome

314.9 Unspecified hyperkinetic syndrome

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

315.31 Expressive language disorder

315.32 Mixed receptive-expressive language disorder

315.34 Speech and language developmental delay due to hearing loss

315.39 Developmental speech or language disorder; other

315.4 Developmental coordination disorder

315.5 Mixed development disorder

315.8 Specified delays in development; other

315.9 Unspecified delay in development

317 Mild intellectual disabilities

318.0 Moderate intellectual disabilities

318.1 Severe intellectual disabilities

318.2 Profound intellectual disabilities

319 Unspecified intellectual disabilities

389.03 Conductive hearing loss, middle ear

527.7 Disturbance of salivary secretion (eg, dry mouth/ xerostomia)

564.00 Constipation, unspecified

780.4 Dizziness
780.50  Sleep disturbances, unspecified
781.0   Abnormal involuntary movement (eg, tremor)
781.3   Lack of coordination
782.1   Rash and other nonspecific skin eruptions
783.1   Abnormal weight gain
783.21  Loss of weight
783.3   Feeding difficulties and mismanagement
783.42  Delayed milestones
783.43  Short stature
784.0   Headache
787.01  Nausea with vomiting
787.03  Vomiting
787.91  Diarrhea
788.36  Nocturnal enuresis
789.00  Abdominal pain, unspecified
984.9   Toxic effect of lead, unspecified lead compound (Use E code in addition)

NOTE: The following diagnosis codes are used to deal with occasions when circumstances other than a disease or an 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 is not in itself a current illness or injury.

V11.1   Personal history of affective disorders
V11.8   Personal history of other mental disorders
V11.9   Personal history of unspecified mental disorders
V12.1   Personal history of a nutritional deficiency
V12.29  Personal history of other endocrine, metabolic, and nutritional disorders
V12.3   Personal history of diseases of blood and blood-forming organs
V12.40  Unspecified disorder of the neurological system and sense organs
V12.49  Other disorders of the nervous system and sense organs
V12.69  Other disorders of the respiratory system
V12.79  Other diseases of the digestive system
V12.9   Personal history of allergy to unspecified medicinal agent
V13.6   Congenital malformations
V15.0   Allergy, other than to medicinal agents
V15.41  History of physical abuse
V15.42  History of emotional abuse
V15.49  Other psychological trauma
V15.52  History of traumatic brain injury
V15.81  Noncompliance with medical treatment
V15.82  History of tobacco use
V15.86  Contact with and (suspected) exposure to lead
V17.0   Family history of psychiatric condition
V18.2   Family history of anemia
V18.4   Family history of intellectual disabilities
V40.0   Problems with learning
V40.1   Problems with communication (including speech)
V40.2   Mental problems; other
V40.39  Behavioral problems; other
V40.9   Mental or behavioral problems; unspecified
V58.69  Long-term (current) use of other medications
V60.0   Lack of housing
V60.1   Inadequate housing
V60.2   Inadequate material resources (eg, economic problem, poverty, NOS)
V60.81  Foster care
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  Health problems with family; alcoholism
V61.42  Health problems with family; substance abuse
V61.49  Health problems with 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
V62.5   Legal circumstances
V62.81  Interpersonal problems, NEC
V62.89  Other psychological or physical stress; NEC, other
V62.9   Other psychosocial circumstance
V65.40  Counseling NOS
V65.49  Other specified counseling
V79.0   Special screening for depression
V79.2   Special screening for intellectual disabilities
V79.3   Special screening for developmental handicaps in early childhood
V79.8   Special screening for other specified mental disorders and developmental handicaps
V79.9   Unspecified mental disorder and developmental handicapped