

Current Procedural Terminology (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 or outpatient evaluation and management (E/M) code using time as the key factor^a or a consultation code^b for the initial assessment.

Physician Evaluation and Management Services

- 99201** Office or other outpatient visit, *new*^c 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.
- 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.

^aTime may be used as the key or controlling factor when greater than 50% of the total physician face-to-face time is spent in counseling or coordination of care (*Current Procedural Terminology 2013*, American Medical Association, page 10).

^bNOTE: Use of these codes requires the following:

- 1) Written or verbal request for consultation is documented in the patient chart.
- 2) Consultant's opinion as well as any services ordered or performed are documented in the patient chart.
- 3) 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). For more information on consultation code changes for 2010, see www.aap.org/moc/loadsecure.cfm/reimburse/PositiononMedicareConsultationPolicy.doc.

^cA 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* [5th edition], American Medical Association, 2007).

- +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.
- + Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, **99201–99215**).
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

Physician Non-Face-to-Face Services

- 99339** Care Plan Oversight—Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- 99340** 30 minutes or more
- 99358** Prolonged 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 not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

Psychiatric Diagnostic Evaluation

90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

Psychotherapy

90832 Psychotherapy, 30 min with patient and/or family;

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

90834 Psychotherapy, 45 min with patient and/or family;

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

90837 Psychotherapy, 60 min with patient and/or family;

+90838 with medical evaluation and management services (Use in conjunction with **99201–99255, 99304–99337, 99341–99350**)

+90785 Interactive complexity (Use in conjunction with codes for diagnostic psychiatric evaluation [**90791, 90792**], psychotherapy [**90832, 90834, 90837**], psychotherapy when performed with an evaluation and management service [**90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350**], and group psychotherapy [**90853**])

- Refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical encounters include

- Patients who have other individuals legally responsible for their care

- Patients who request others to be present or involved in their care such as translators, interpreters, or additional family members

- Patients who require the involvement of other third parties such as child welfare agencies, schools, or probation officers

90846 Family psychotherapy (without patient present)

90847 Family psychotherapy (conjoint psychotherapy) (with patient present)

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple family group)

- For interactive group psychotherapy use code **90785** in conjunction with code **90853**.

Other Psychiatric Services/Procedures

+90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (Use in conjunction with **90832, 90834, 90837**)

- For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report E/M codes, use the appropriate E/M codes (**99201–99255, 99281–99285, 99304–99337, 99341–99350**) and the appropriate psychotherapy with E/M service (**90833, 90836, 90838**).

- Note that code **90862** was deleted.

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

Screening and Testing

- 96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), administered by a computer, with *qualified health care professional* interpretation and report
- 96105** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- 96110** Developmental screening (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- 96111** Developmental testing (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized instruments) with interpretation and report

Nonphysician Provider (NPP) Services

- 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** 21-30 minutes of medical discussion

98969 Online assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, parent, guardian, or health care provider not originating from a related assessment and management service provided within the previous seven days nor using the internet or similar electronic communications network

Miscellaneous Services

99071 Educational supplies, such as books, tapes or pamphlets, provided by the physician for the patient's education at cost to the physician

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms 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.
- Counseling diagnosis codes can be used when patient is present or when counseling the parent(s) or guardian(s) when the patient is not physically present.

Mental, Behavioral, and Neurodevelopmental Disorders

291.89 Other specified alcohol-induced mental disorders (alcohol induced mood disorder)

292.84 Drug-induced mood disorder (Depressive state induced by drugs) (Use E code to identify drug)

292.85 Drug-induced sleep disorders (Depressive state induced by drugs) (Use E code to identify drug)

296.20 Major depressive disorder, single episode; unspecified

296.21 Major depressive disorder, single episode; mild

296.22 Major depressive disorder, single episode; moderate

296.23 Major depressive disorder, single episode; severe, without mention of psychotic behavior

296.24 Major depressive disorder, single episode; severe, specified as with psychotic behavior

296.25 Major depressive disorder, single episode; in partial or unspecified remission

296.26 Major depressive disorder, single episode; in full remission

296.30 Major depressive disorder, recurrent episode; unspecified

296.31 Major depressive disorder, recurrent episode; mild

296.32 Major depressive disorder, recurrent episode; moderate

296.33 Major depressive disorder, recurrent episode; severe, without mention of psychotic behavior

296.34 Major depressive disorder, recurrent episode; severe, specified as with psychotic behavior

296.35 Major depressive disorder, recurrent episode; in partial or unspecified remission

296.36 Major depressive disorder, recurrent episode; in full remission

296.80 Manic-depressive psychosis, unspecified

296.81 Atypical manic disorder

296.90 Unspecified episodic mood disorder

298.0 Depressive type psychosis

300.0 Anxiety state, unspecified

300.02 Generalized anxiety disorder

300.11 Conversion disorder

300.20 Phobia, unspecified

300.3 Obsessive compulsive disorder

300.4 Neurotic depression; anxiety depression, dysthymic disorder

300.5 Neurasthenia (*Use additional code to identify any associated physical disorder*)

300.9 Unspecified nonpsychotic mental disorder

301.12 Chronic depressive personality disorder

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 (includes night terrors, sleepwalking)

307.49 Other sleep disorder (eg, short sleeper)

307.50 Eating disorder, unspecified

307.52 Pica

307.59 Other and unspecified disorders of eating; loss of appetite of nonorganic origin

307.6 Enuresis, nonorganic

- 307.7 Encopresis, nonorganic
- 307.80 Psychogenic pain, site unspecified
- 307.81 Tension headache
- 307.89 Other psychalgia
- 307.9 Other and unspecified special symptoms or syndromes, not elsewhere classified (NEC); behavior activities (includes nail-biting, hair plucking, thumb sucking)
- 308.0 Acute reaction to stress; predominant disturbance of emotions
- 308.1 Acute reaction to stress; predominant disturbance of consciousness
- 308.2 Acute reaction to stress; predominant psychomotor disturbance
- 308.3 Other acute reactions to stress
- 308.4 Mixed disorders as a reaction to stress
- 308.9 Unspecified acute reaction to stress
- 309.0 Brief depressive reaction; adjustment disorder with depressed mood
- 309.1 Prolonged depressive reaction
- 309.21 Separation anxiety disorder; anaclitic depression
- 309.24 Adjustment disorder with anxiety
- 309.28 Adjustment reaction with mixed emotional features; anxiety and depression
- 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
- 311 Depressive disorder, NEC
- 312.30 Impulse control disorder, unspecified
- 313.1 Misery and unhappiness disorder
- 313.3 Relationship problems
- 313.9 Unspecified emotional disturbance of childhood or adolescence
- 314.00 Attention deficit disorder, without hyperactivity
- 314.01 Attention deficit disorder, with hyperactivity
- 315.34 Speech and language developmental delay due to hearing loss
- 315.39 Other developmental speech or language disorder
- 317 Mild intellectual disabilities
- 318.0 Moderate intellectual disabilities
- 318.1 Severe intellectual disabilities
- 318.2 Profound intellectual disabilities
- 319 Unspecified intellectual disabilities

Substance Dependence/Abuse

For the following codes (303–305), fifth-digit subclassification is as follows:

- 0 unspecified
- 1 continuous
- 2 episodic
- 3 in remission

Dependence

- 303.9X Other and unspecified alcohol dependence
- 304.3X Cannabis dependence
- 304.4X Amphetamine and other psychostimulant dependence
- 304.9X Unspecified drug dependence

Nondependent Abuse of Drugs

- 305.0X Alcohol abuse
- 305.1X Tobacco use disorder
- 305.2X Cannabis 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)

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.
- 780.50 Sleep disturbance, unspecified
- 780.79 Other malaise and fatigue
- 780.99 Other general symptoms
- 789.00 Abdominal pain, unspecified site
- 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 are not in themselves 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
- V13.69** Personal history of other congenital malformations
- V14.9** Personal history of allergy to unspecified medicinal agent
- V15.09** Personal history of allergy, other than to medicinal agents, other type
- V15.41** History of physical abuse
- V15.42** History of emotional abuse
- V15.49** Other personal history presenting hazards to health; 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 disorder
- V18.2** Family history of anemia
- V18.4** Family history of intellectual disabilities
- V40.2** Mental and behavioral problems; depression
- V60.0** Lack of housing
- V60.1** Inadequate housing
- V60.2** Inadequate material resources (poverty NOS)
- V60.81** Foster care (status)
- 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
- V61.41** Alcoholism in family
- V61.42** Substance abuse in family
- V62.4** Social maladjustment
- V62.5** Legal circumstances
- V62.89** Other psychological or physical stress, NEC
- V65.49** Other specified counseling; depression variation
- V79.0** Special screening for depression
- V79.2** Special screening for intellectual disabilities
- V79.8** Special screening for other specified mental disorders and developmental handicaps
- V79.9** Special screening for unspecified mental disorder and developmental handicap

