American Academy of Pediatrics
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Depression Coding Fact Sheet for Primary Care Clinicians

[A]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 for the initial assessment.

[B]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.

NOTE: Use of these codes (**99241-99245**) 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/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/AAP_Position_Medicare_Consultation_Policy.pdf Member log-in requires.

[a]Time 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 and/or coordination of care
[c]*A new patient is one who has not received any professional services 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.*

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.

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used.

- Prolonged services can only be added to codes with listed typical times such as the ones listed above. In order to report prolonged services the reporting provider must spend a minimum of 30 minutes beyond the typical time listed in the code level being reported. When reporting outpatient prolonged services only count face-to-face time with the reporting provider. When reporting inpatient or observation prolonged services you can count face-to-face time, as well as unit/floor time spent on the patient's care. However, if the reporting provider is reporting their service based on time (ie, counseling/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, 90837**)*

+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.
- For clinical staff prolonged services, see **99415-99416**.

[B]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

[B]Psychiatric Diagnostic or Evaluative Interview Procedures

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

90791 Psychiatric diagnostic interview examination evaluation

90792 Psychiatric diagnostic evaluation with medical services

[B]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.**

[B]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

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

[B]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

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

[B]Nonphysician 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

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)

[B]Non–Face-to-Face Services: NPP

Care management and transition care management are reported under the directing physician or other qualified health care professional, however, the time requirement can be met by clinical staff working under the direction of the reporting physician or other qualified health care professional.

Care Management Services:

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

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

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.

Do not report 99490 for chronic care management services that do not take a minimum of 20 minutes in a calendar month.

99487 Complex chronic care management services;

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Do not report 99487 for chronic care management services that do not take a minimum of 60 minutes in a calendar month.

+99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

Complex chronic care management is reported by the physician or qualified health care professional who provides or oversees the management and coordination of all of the medical, psychosocial, and daily living needs of a patient with a chronic medical condition. Typical pediatric patients

1. receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy)

2. have two or more chronic continuous or episodic health conditions expected to last at least 12 months (or until death of the patient) and places the patient at significant risk of death, acute exacerbation or decompensation, or functional decline

3. commonly require the coordination of a number of specialties and services.

99495 Transitional care management (TCM) services with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of at least moderate complexity during the service period
- Face-to-face visit, within 14 calendar days of discharge

99496 Transitional care management services with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of high complexity during the service period
- Face-to-face visit, within 7 calendar days of discharge

These services are for a patient whose medical and/or psychosocial problems require moderate or high complexity medical decision-making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences on the date of discharge and continues for the next 29 days and requires a face-to-face visit, initial patient contact, and medication reconciliation within specified timeframes. Any additional E/M services provided after the initial may be reported separately.
Refer to the *CPT* manual for complete details on reporting care management and TCM services.

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 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

[B]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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[A]*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.

- ***ICD-10-CM* codes are only valid on or after October 1, 2015.**

[B]Depressive Disorders

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
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

[B]Anxiety Disorders

F40.8 Phobic anxiety disorders, other (phobic anxiety disorder of childhood)
F40.9 Phobic anxiety disorder, unspecified
F41.1 Generalized anxiety disorder
F41.8 Anxiety depression (mild or not persistent)
F41.9 Anxiety disorder, unspecified
F93.0 Separation anxiety disorder of childhood

[B]Somatic Symptoms and Related Disorders

F44.4 Conversion disorder with motor symptom or deficit
F44.5 Conversion disorder with seizures or convulsions
F44.6 Conversion disorder with sensory symptom or deficit
F44.7 Conversion disorder with mixed symptom presentation

[B]Feeding and Eating Disorders/Elimination Disorders

F50.8 Eating disorders, other
F50.9 Eating disorder, unspecified
F98.0 Enuresis not due to a substance or known physiological condition
F98.1 Encopresis not due to a substance or known physiological condition
F98.3 Pica (infancy or childhood)

[B]Obsessive-Compulsive and Related Disorders

F42 Obsessive-compulsive disorder
F63.3 Trichotillomania/hair plucking
F63.9 Impulse disorder, unspecified
F98.8 Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence (nail-biting, nose-picking, thumb-sucking)

[B]Trauma- and Stressor-Related Disorders

F43.20 Adjustment disorder, unspecified
F43.21 Adjustment disorder with depressed mood
F43.22 Adjustment disorder with anxiety
F43.23 Adjustment disorder with mixed anxiety and depressed mood

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

F43.25 Adjustment disorder with mixed disturbance of emotions and conduct
F43.29 Adjustment disorder with other symptoms
F43.0 Acute stress reaction
F43.8 Other reactions to severe stress
F43.9 Reaction to severe stress, unspecified

[B]Neurodevelopmental Disorders
F70 Mild intellectual disabilities
F71 Moderate intellectual disabilities
F72 Severe intellectual disabilities
F73 Profound intellectual disabilities
F79 Unspecified intellectual disabilities
F80.89 Other developmental disorders of speech and language
F80.9 Developmental disorder of speech and language, unspecified
F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1 Attention-deficit hyperactivity disorder, predominantly hyperactive type
F95.0 Transient tic disorder
F95.1 Chronic motor or vocal tic disorder
F95.2 Tourette's disorder
F95.9 Tic disorder, unspecified

[B]Other
F07.81 Postconcussional syndrome
F07.89 Personality and behavioral disorders due to known physiological condition, other
F07.9 Personality and behavioral disorder due to known physiological condition, unspecified
F45.41 Pain disorder exclusively related to psychological factors
F45.42 Pain disorder with related psychological factors (Code also associated acute or chronic pain **G89.-)**
F48.8 Nonpsychotic mental disorders, other (neurasthenia)
F48.9 Nonpsychotic mental disorders, unspecified
F45.41 Pain disorder exclusively related to psychological factors
F51.01 Primary insomnia
F51.02 Adjustment insomnia
F51.03 Paradoxical insomnia
F51.04 Psychophysiologic insomnia
F51.05 Insomnia due to other mental disorder (Code also associated mental disorder)
F51.09 Insomnia, other (not due to a substance or known physiological condition)
F93.8 Childhood emotional disorders, other

[B]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).

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
F10.14 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

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

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]Cannabis
F12.10 Cannabis abuse, uncomplicated
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
F13.129 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
F15.14 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

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided

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

Z72.0 Tobacco use

[B]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.

G44.209 Tension-type headache, unspecified, not intractable
G47.9 Sleep disorder, unspecified
R10.84 Generalized abdominal pain
R45.81 Low self-esteem
R45.82 Worries
R45.83 Excessive crying of child, adolescent or adult
R45.84 Anhedonia
R45.851 Suicidal ideations
R45.86 Emotional lability
R45.87 Impulsiveness
R45.89 Other symptoms and signs involving emotional state
R53.81 Other malaise
R53.82 Chronic fatigue, unspecified
R53.83 Other fatigue

[B]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.

Z13.89 Encounter for screening for other (eg, depression, anxiety) disorder
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 other legal circumstances
Z70.0 Tobacco use
Z81.0 Family history of intellectual disabilities (conditions classifiable to **F70–F79)**
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
Z86.2 Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.39 Personal history of other endocrine, nutritional and metabolic disease
Z86.59 Personal history of other mental and behavioral disorders
Z86.69 Personal history of other diseases of the nervous system and sense organs
Z86.79 Personal history of other diseases of the circulatory system
Z87.09 Personal history of other diseases of the respiratory system
Z87.19 Personal history of other diseases of the digestive system
Z87.798 Personal history of other (corrected) congenital malformations
Z91.5 Personal history of self-harm

+ Designated *add-on* codes, report them separately in addition to the appropriate primary code for the service provided