

SUBSTANCE USE/ABUSE CODING FACT SHEET FOR PRIMARY CARE CLINICIANS

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.
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- 99203 moderate severity problem, 30 min.
- moderate to high severity problem, 45 min.
- 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 then 15 minutes beyond the final 30 minutes is not reported separately.
- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 intensive, greater than 10 minutes
- 99408 Alcohol and/or substance (other than tobacco) abuse, structured screening (eg, AUDIT, DAST), and brief intervention (SBI) service; 15 to 30 minutes
- **99409** greater than 30 minutes
- **99420** Administration and interpretation of health risk assessment instruments

Physician Non-Face-to-Face Services

- 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

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- 99358 Prolonged physician services without direct patient contact; first hour <u>NOTE</u>: 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 discussion99443 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

Other Psychiatric Services/ Procedures

- 90885 Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
- 90887 Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient
- 90889 Preparation of reports on patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

Psychological Testing

- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), administered by a computer, with qualified health care professional interpretation and report

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

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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 discussion98968 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

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 which 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.
- Any mental health condition that leads to low self-esteem
 or demoralization can lead to substance use or abuse.
 Often the substance use alleviates the emotional problem,
 at least in the short term. Though the substance use or
 abuse is thought to stem from the mental health condition,
 both conditions coexist and treatment for both conditions
 is usually necessary. Code the substance use or abuse and
 the mental health condition.

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

304.0X Opioid type dependence

304.1X Sedative, hypnotic or anxiolytic dependence

304.3X Cannabis dependence

304.4X Amphetamine and other psychostimulant dependence

304.5X Hallucinogen dependence

304.6X Other specified drug dependence (eg, glue sniffing, inhalant dependence)

304.7X Combinations of opioid type drug with any other

304.8X Combinations of drug dependence excluding opioid

304.9X Unspecified drug dependence

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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)

Comorbid Mental Health Diagnoses

For the following codes (**296.0X–296.3X**), fifth-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, single manic episode
- 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** Hyperkinesis 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

Factors Influencing Health Status and Contact With Health Services

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.

- V11.9 Personal history of unspecified mental disorder
- V15.41 History of physical abuse
- V15.42 History of emotional abuse
- V15.82 History of tobacco use
- V17.0 Family history of psychiatric condition
- V40.2 Mental problems; other
- V40.39 Behavioral problems; other
- V40.9 Mental or behavioral problems; unspecified
- **V60.2** Inadequate material resources (poverty, NOS)
- **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
- V61.21 Counseling for victim of child abuse
- 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
- **V61.49** Health problems with family; other
- **V61.8** Health problems within family; other specified family circumstances

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V61.9	Health problems within family; unspecified family
	circumstances

- V62.3 Educational circumstances
- V62.4 Social maladjustment
- **V62.81** Interpersonal problems, not elsewhere classified (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 (tobacco)
- **V70.4** Examination for medicolegal reasons
- **V71.09** Observation for other mental conditions
- **V79.1** Special screening for alcoholism
- **V79.9** Special screening for unspecified mental disorder

External Causes of Injury and Poisoning

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, nor as stand-alone *ICD-9-CM* codes.

- **E850.0** 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
- E929.2 Late effects of AP
- **E939.6** Adverse effect caused by psychodysleptics [hallucinogens] when taken as prescribed
- **E939.7** Adverse effect caused by psychostimulants when taken as prescribed
- **E939.8** Adverse effect caused by other psychotropic agent when taken as prescribed
- **E939.9** Adverse effect caused by unspecified psychotropic agent when taken as prescribed

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