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American Academy of Pediatrics

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CODING CORNER

from the AAP Division of Health Care Finance and Quality Improvement

QA We had a 2-year-old established patient present to the office for a sick visit. The physician diagnosed the patient with bronchitis. He also put in the note that the patient is exposed to tobacco smoke in the home and this is a contributory factor. Can I add in a diagnosis code for exposure to tobacco smoke?

Your primary diagnosis would be 490, *Bronchitis*, followed by E869.4, *Second-hand tobacco smoke*. This E-code was created to identify nonsmokers who have been exposed to second-hand smoke.

The assignment of this code is dependent on the physician's documentation. The code should not be assigned as a principal diagnosis but may be assigned when the physician has stated that second-hand smoke or environmental tobacco smoke is the external cause of the patient's condition. The code may not be assigned in the absence of a condition or symptom.

QA During this same patient encounter, the physician also spoke with the mom about smoking cessation and the dangers of smoking in the home. The physician spent 12 minutes with the mom talking about cessation methods and the health implications her smoking had for her daughter. The total face-to-face visit time was 21 minutes. Based on the key components, history, exam, medical decision-making (in this we need to meet or exceed two out of the three), we can code a 99213. Can we also report 99407 (*Smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes*) under our patient to account for the extra time spent with the mom?

No. CPT clarified the use of the *Behavior Change Interventions* codes to indicate that you can report those codes only for the person actually being counseled. Therefore, unless you are reporting the 99407 under the mom's name as the patient, you cannot report this CPT code.

However, as a viable alternative, you can report your evaluation and management (E/M) service using time as your key factor. Since greater than 50% of the total face-to-face time (12 out of 21 minutes) was spent in counseling, you should report the E/M service based on time *instead* of your key components. Therefore, you should report a 99214 for this encounter.

QA A 15-year-old male established patient presented to the office for acne. During the encounter, it was found that the patient is smoking. The physician addressed the primary reason the patient presented to the office (acne) and then spent about eight minutes counseling the patient on smoking cessation.

We plan to bill the E/M service based on key components. How can we code for both of these services?

You can report both services if the physician documents them as significant and separately identifiable services. You would report an office-based E/M service based on your key components (99212-99215). You also would report code 99406 (*Smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*) and append the 25 modifier.

RESOURCES

Becky Dolan contributed to this article. Contact her at 800-433-9016, ext. 4325.

The Academy offers a fax-back coding hotline at 800-433-9016, ext. 4022, or e-mail aapcodinghotline@aap.org.

To stay up to date on coding for the H1N1 influenza vaccine, visit www.aap.org/new/CodingMonovalentInfluenzaA.pdf.

Keep pace with the latest in coding with the monthly AAP Pediatric Coding Newsletter. To view a sample issue, visit <http://coding.aap.org>.

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