American Academy of Pediatrics
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CODING FOR FETAL ALCOHOL SPECTRUM DISORDERS

Listed below are the most commonly used codes applicable to FASD patient care.

Code	Description
	ICD-10-CM
	Primary Diagnosis
P04.3	Newborn affected by maternal use of alcohol (Excludes Fetal Alcohol Syndrome)
Q86.0	Fetal alcohol syndrome (dysmorphic)
F06.30	Mood disorder due to known physiological condition, unspecified
P00.4	Newborn affected by maternal nutritional disorders
P01.9	Newborn affected by maternal complication of pregnancy, unspecified
G93.49	Encephalopathy, other (static)
G96.8	Other specified disorders of central nervous system
G96.9	Disorder of central nervous system, unspecified
Facial Features	
Q11.2	Microphthalmos
R68.89	Other general symptoms and signs (eg, dysmorphic features)
Growth	
R63.6	Underweight (Add additional code for BMI if known)
R63.3	Feeding difficulties
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
Development	
R62.50	Lack of expected normal physiological development in childhood, unspecified
R62.0	Delayed milestone in childhood
CNS Abnormality	
G31.84	Mild cognitive impairment, so stated
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Intellectual disabilities, Other specified
F79	Intellectual disabilities, Unspecified
G92	Toxic encephalopathy (code first (T51-T65) to identify toxic agent)
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F94.1	Reactive attachment disorder of childhood
F63.81	Intermittent explosive disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder

F81.0	Specific reading disorder
F81.9	Developmental disorder of scholastic skills, unspecified
F89	Disorder of psychological development, unspecified
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.8	Attention-deficit hyperactivity disorder, other type
F81.0	Developmental Dyslexia
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
R27.0	Ataxia, unspecified
R27.8	Lack of coordination, other
R27.9	Lack of coordination, unspecified
R48.9	Symbolic dysfunction, unspecified
R48.1	Agnosia
R48.2	Apraxia
R48.0	Alexia/dyslexia, NOS
R48.3	Visual agnosia
R48.8	Symbolic dysfunctions, other
R41.840	Attention and concentration deficit (Excludes attention deficit disorder)
R41.841	Cognitive communication deficit
R41.842	Visuospatial deficit
R41.843	Psychomotor deficit
R41.844	Frontal lobe and executive function deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness
F81.9	Developmental disorder of scholastic skills, unspecified
R46.89	Other symptoms and signs involving appearance and behavior
F48.9	Nonpsychotic mental disorder, unspecified
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out (eg, mental health)

Secondary Diagnosis	
G40-	Epilepsy and recurrent seizures (Code will require 5th or 6th digit)
G80-	Cerebral Palsy (Code will require a 4th digit)
P04-	Newborn affected by noxious substances transmitted via placenta or breast milk (Code requires 4th or 5th digit)
G47.00	Insomnia, unspecified

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+ Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided

*A *new patient* is one who has not received any professional 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.

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T74.-	Child abuse, neglect and other maltreatment; confirmed (code perpetrator if known)
T76.-	Suspected (code perpetrator if known) *4th and 5th Digits* **02** - Child neglect or abandonment **12** - Child physical abuse **22** - Child sexual abuse **32** - Child psychological abuse **92**- Unspecified child maltreatment *7th Digit* **A** - initial encounter **D** - subsequent encounter **S** - sequela
And	*Perpetrator*
Y07.11	Biological father
Y07.12	Biological mother
Y07.13	Adoptive father
Y07.14	Adoptive mother
Y07.420	Foster father
Y07.421	Foster mother
T74.4XX-	Shaken infant syndrome (Requires 7th digit to define encounter – see above)
Z81.1	Family history of alcohol abuse and dependence
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z55.3	Underachievement in school
Z55.8	Problems related to school and literacy
Z13.39	Encounter for screening for other disorder
Z13.42	Encounter for screening for global developmental delays
Z13.41	Encounter for screening for autism
Z13.89	Encounter for screening for other mental health and behavioral disorders
Z13.858	Encounter for screening for other nervous system disorders
Z71.89	Other specified counseling

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Evaluation and Management *Current Procedural Terminology* (CPT®) Codes

99202-99205	New* patient office visit
99211-99215	Established patient office visit
99241-99245	Consultation outpatient (new or established)
	PROLONGED SERVICES
+99417	Prolonged office or other outpatient evaluation and management service(s), per 15 mins (report only w/ 99205, 99215)
+99354	Prolonged services w/ patient; initial 30-74 min. (report w/90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483)
+99355	Each additional 30 minutes over 74 min. (report with **99354**)
99358	Prolonged services, before/after visit, patient/family not present; up to 60 min.
+99359	Each 30 minutes after 60 min. (report with **99358**)
+99415	Prolonged clinical staff services; initial 45-74 minutes (report in addition to time-based E/M)
+99416	Each additional 30 minutes (report with **99416**)

Modifiers

25	Significant, separately identifiable E/M service by same physician on day of procedure
59	Distinct procedural service
76	Repeat procedure or service by the same physician

EPSDT Codes

Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings (use additional code to identify abnormal findings)
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings (use additional code to identify abnormal findings)
Z02.83	Encounter for blood-alcohol and blood-drug test
Z02.9	Encounter for administrative examinations, unspecified

Preventive Service CPT Codes

99381-5	Preventive EPSDT visits for new* patients by age
99391-5	Preventive EPSDT visits for established patients by age

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Clinical Staff Non-Face-to-Face Services Directed by Physician

Principal Care Management

1. A single (1) chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death

2. A condition that requires development, monitoring, or revision of disease-specific care plan,

3. A condition that requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities

4. Ongoing communication and care coordination between relevant practitioners furnishing care may be reported by different physicians or QHPs in the same calendar month for the same patient

5. Documentation in the patient's medical record should reflect coordination among relevant managing clinicians

6. Principal care management services are disease-specific management services. Even if a patient may have multiple chronic conditions they may receive principal care management if the reporting physician or other QHP is providing *single disease* rather than comprehensive care management

99426 Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.

+ 99427 each additional 30 minutes of clinical staff time directed by a physician or other QHP, per calendar month

(List separately in addition to code **99426**)

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Chronic Care Management

Codes are selected based on the amount of time spent by the physician or qualified health care professional 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.

99487 **Complex chronic care management services**, with the following required elements:

- multiple (≥2) 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

+99489 Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to **99487**)

Complex chronic care services are 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.

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99487 Complex chronic care management services 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,
- moderate or high complexity medical decision making;

first 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.

Transition care management (TCM) are for a patient whose medical and/or psychosocial problems require moderate or high complexity medical decision-making (MDM) 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 table 1 for quick reference of timing of initial visit and MDM required.

Refer to the *CPT* manual for complete details on reporting care management and TCM services.

- Do **not** report for patients "discharged" from the emergency department.

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 **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 high complexity during the service period
•Face-to-face visit, within 7 calendar days of discharge

Physician Services Non-Direct Care

Refer above to the *Clinical Staff Non-Face-to-Face Services Directed by Physician* section for more details on the services listed below.

99491 **Chronic care management services**, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, 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;

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	• Chronic conditions place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline; • Comprehensive care plan established, implemented, revised, or monitored. (For more details or for time spent by the physician directing clinical staff, refer to codes 99490, 99487, 99489)
99367	**Medical Team Conference** w/outpatient or family >30 minutes; physician or other qualified healthcare professional
99424	Principal care management services, for a single high-risk disease, with the following required elements: • one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, • the condition requires development, monitoring, or revision of disease-specific care plan, • the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, • ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other QHP, per calendar month.
+ 99425	each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to **99424**)

Other Services

96110	Developmental screening (per standardized instrument)
96112-96113	Developmental testing
96116, 96121	Neurobehavioral Status Exam (per hour)
96125	Standardized cognitive performance testing, per hour
96127	Standardized emotional/behavioral assessment (eg, ADHD, depression)
96160	Health risk assessment instrument (child)
96161	Health risk assessment of caregiver on behalf of child

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