



Coding Fact Sheet For Treating Trauma/Maltreatment

The following are coding tips for evaluations involving screening and anticipatory guidance related to trauma and other mental health/developmental concerns.

Physician Evaluation & Management (E/M) Services

Office/Other Outpatient E/M Services

❖ More details can be found on the [office/other outpatient E/M services](#) site and [prolonged services](#) site.

99202-99205 Office or other outpatient visit, new* patient. Use time or medical decision making (MDM)

*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.

99211-99215 Office or other outpatient visit, established patient. Use time or medical decision making (MDM)

+99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215)

+Designated add-on codes

- Used when a physician provides prolonged services beyond the time listed in **99205, 99215** only
- Time spent does not have to be continuous
- Reported per 15 mins

Reporting E/M services using “MDM”

- Will chose your service level based on the following:
 1. Problems Addressed
 2. Amount and Complexity of Data
 3. Risk
- To get to your code level you must meet or exceed 2 of the 3 categories
- If time is documented and your MDM reaches a level with a lower time threshold, use time instead to get to your code level
- Prolonged service code 99417 is *not* appropriate to be appended to your E/M service when billing based on MDM

Reporting E/M services using “Time”

- Refer to the range of times listed for each code descriptor and report the code that fits into the documented time
- Time does not have to be continuous
- Time includes all services on the date of the face-to-face encounter, including all non-direct care
- If your MDM results in a code that has a higher time range than what is documented, report based on your MDM not time

- Only when reporting based on time may you add prolonged service code 99417 or G2212 and only when the time in the 99205, 99215 has been met and exceeded as appropriate

Preventive Medicine Service Codes

- Preventive medicine service codes are not time-based; therefore, time spent during the visit is not relevant in selecting the appropriate code.
- If an illness or abnormality is encountered or a preexisting problem is addressed in the process of performing the preventive medicine service, and if the illness, abnormality, or problem is *significant* enough to require additional work to perform the key components of a problem-oriented evaluation and management (E/M) service, the appropriate office or other outpatient service code (99202–99215) should be reported in addition to the preventive medicine service code. Modifier **25** should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service.
 - An insignificant or trivial illness, abnormality, or problem encountered in the process of performing the preventive medicine service that does not require additional work and performance of a problem-oriented E/M service should not be reported separately.
 - The comprehensive nature of the preventive medicine service codes reflects an age- and gender-appropriate history and physical examination and is not synonymous with the comprehensive examination required for some other E/M codes (eg, 99204, 99205, 99215).
 - Immunizations and ancillary studies involving laboratory, radiology, or other procedures, or screening tests (eg, vision and hearing screening) identified with a specific CPT code, are reported separately from the preventive medicine service code.

Pediatric Preventive Medicine Service Codes

New Patient	Age Descriptor	Established Patient
99381	Infant (younger than 1 year)	99391
99382	Early childhood (age 1–4 years)	99392
99383	Late childhood (age 5–11 years)	99393
99384	Adolescent (age 12–17 years)	99394
99385	18 years or older	99395

Screening and Assessment for Developmental and Emotional/Behavioral Issues

For more information on coding for these services visit the [dedicated fact sheet](#).

96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

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

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

96161 Administration of a caregiver-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

Physician Non-Face-to-Face Services and Physician Directed Care

99358 Prolonged E/M services before or after direct patient care; first hour.

- Do not report on date of service when also reporting 99202-99215

+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

Care Management

Behavioral health integration care management, psychiatric collaborative care management services and chronic 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. See each code set for details. For more information visit the [Care Management](#) resource.

Behavioral Health Integration Care Management

99484 Care management services for behavioral health conditions, 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:

- initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- continuity of care with a designated member of the care team.

Psychiatric Collaborative Care Management Services

99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient-directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

99493 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- tracking patient follow-up and progress using the registry, with appropriate documentation;

- participation in weekly caseload consultation with the psychiatric consultant;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;
- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;
- monitoring of patient outcomes using validated rating scales; and
- relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

+ 99494 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)

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**)

Chronic Care Management Services:

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.

+ **99439** each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code 99490)

- Chronic care management services of 60 minutes or more and requiring moderate or high complexity medical decision making may be reported using 99487, 99489
- Do not report **99439** more than twice per calendar month
- Do not report **99490** and/or **99439** in the same calendar month as 99491

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 same elements as **99490**

- Do not report 99491 in the same calendar month as **99490** or **99439**

+ **99437** each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code **99491**)

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.

Modifiers

- 25 Significant and separately identifiable E/M service from another procedure or service
- 59 Distinct procedural service from another non-E/M service

Common ICD-10-CM Codes When Caring For Youth Who Have Experienced Trauma/Maltreatment

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.
- Be sure to report any [social determinants of health](#) identified at the encounter.

Child Abuse and Neglect	
T74.92X- T76.92X-	Child maltreatment, <i>confirmed</i> , unspecified Child maltreatment, <i>suspected</i> , unspecified
Z04.72 Z04.42	Encounter for exam and observation following alleged child physical abuse (<i>ruled-out</i>) Encounter for exam and observation following alleged child rape (<i>ruled-out</i>)
T74.32X- T76.32X-	Child psychological abuse, <i>confirmed</i> Child psychological abuse, <i>suspected</i>
Z63.32	Other absence of family member
Z62.21	Child in welfare (foster care) custody
Z63.8	Other specified problems related to primary support group
T74.02X- T76.02X-	Child neglect or abandonment, <i>confirmed</i> Child neglect or abandonment, <i>suspected</i>
T7412X- T7612X-	Child physical abuse, <i>confirmed</i> Child physical abuse, <i>suspected</i>
T7422X- T7622X-	Child sexual abuse, <i>confirmed</i> Child sexual abuse, <i>suspected</i>
Codes T74 and T76 require a 7th character to complete the code. The 7th character identifies the type of encounter. Report the appropriate 7th character as follows: A =initial/active care; D =subsequent care; S =sequela	
Physical Symptoms	
K59.00	Constipation, unspecified
R68.89	Other signs/symptoms (Dysmorphic features)
R15.9	Fecal incontinence NOS
R32	Enuresis, NOS
R62.51	Failure to thrive (Child)
R63.3	Feeding difficulties
P04.3	Newborn affected by maternal use of alcohol

Q86.0	Fetal alcohol syndrome (dysmorphic)
P04.14	Newborn affected by maternal use of opiates
P04.4-	Newborn affected by maternal use of drugs of addiction (- refer to the ICD-10-CM manual)
E44.1	Mild protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E45	Nutritional stunting/growth restriction
Q02	Microcephaly
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation
P07.21	Gestational age less than 23 completed weeks
P07.22	Gestational age 23 completed weeks
P07.23	Gestational age 24 completed weeks
P07.24	Gestational age 25 completed weeks
P07.25	Gestational age 26 completed weeks
P07.26	Gestational age 27 completed weeks
P07.30	Preterm newborn, unspec weeks of gestation
P07.31	Gestational age 28 completed weeks
P07.32	Gestational age 29 completed weeks
P07.33	Gestational age 30 completed weeks
P07.34	Gestational age 31 completed weeks
P07.35	Gestational age 32 completed weeks
P07.36	Gestational age 33 completed weeks
P07.37	Gestational age 34 completed weeks
P07.38	Gestational age 35 completed weeks
P07.39	Gestational age 36 completed weeks
P04.9	Newborn affected by maternal noxious substance, unspecified
G47.9	Sleep disorder, unspecified
R63.6	Underweight (Code also BMI)
Emotional/Behavioral Symptoms	
F43.20	Adjustment disorder, unspecified
F41.9	Anxiety disorder, unspecified
F90.0	ADHD, inattentive type
F90.9	ADHD, unspecified type
F90.1	ADHD, predominantly hyperactive type
F90.2	ADHD, combined type
R41.840	Attention and concentration deficit (not ADHD)
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.9	Conduct disorder, unspecified
F32.A	Depression, unspecified (Depressive disorder)
F32.9	Major depressive disorder, single episode, unspecified
R45.3	Demoralization and apathy
F94.2	Disinhibited social engagement disorder
R45.86	Emotional Lability
F90.9	ADHD, unspecified type

R45.87	Impulsiveness
F63.81	Intermittent explosive disorder
R45.4	Irritability and anger
R45.0	Nervousness
F42	OCD
F91.3	Oppositional Defiant Disorder
R45.89	Other symptoms and signs involving emotional state
F43.10	PTSD, Unspecified
F94.1	Reactive attachment disorder of childhood
F43.8	Other reactions to stress (trauma)
F43.9	Reactions to stress, unspecified
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F98.8	Other specified behavioral/emotional disorders w/ onset usually occurring in childhood/adolescence
F98.9	Unspecified behavioral/emotional disorders w/ onset usually occurring in childhood/adolescence
Development and Cognitive Function	
R29.818	Other symptoms and signs involving the nervous system
R29.898	Other symptoms and signs involving the musculoskeletal system
F84.0	Autistic Disorder
R48.9	Symbolic dysfunctions, unspecified (includes language delay, learning disabilities)
R41.844	Frontal lobe and executive function deficit
R62.50	Lack of expected normal physiological development in childhood, unspecified
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
R41.89	Other symptoms and signs involving cognitive functions and awareness
F80.89	Social Pragmatic Communication Disorder
G93.40	Encephalopathy unspecified
Health Status and History Of	
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
Z63.72	Alcoholism and drug addiction in family
Z62.21	Child in welfare custody

Z62.22	Institutional upbringing
Z62.29	Other upbringing away from parents
Z62.898	Other specified problems related to upbringing