Substance Use/Abuse Coding Fact Sheet for Primary Care Pediatrics


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/outpatient evaluation and management (E/M) code using time as the key factor or a consultation code for the initial assessment:

Physician Evaluation & Management Services

- **99202** Office or other outpatient visit, new patient; straightforward medical decision making (MDM), 15-29 min.
- **99203** low MDM, 30-44 min.
- **99204** moderate MDM, 45-59 min.
- **99205** high MDM, 60-74 min.

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 (QHP) who may report evaluation and management services reported by a specific CPT code(s) from the physician/QHP or another physician/QHP of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

- **99211** Office or other outpatient visit, established patient; minimal problem, 5 min.
- **99212** straightforward MDM, 10-19 min.
- **99213** low MDM, 20-29 min.
- **99214** moderate MDM, 30-39 min.
- **99215** high MDM, 40-54 min.

- **99417** Prolonged physician services in office or other outpatient setting, with direct patient contact; first hour (use in conjunction with codes 99205, 99215 only)
  - Used only with the highest level E/M services (99205, 99215)
  - Time spent does not have to be continuous but must occur on the same day as the face-to-face encounter
  - Prolonged service begins at 75 minutes for new patients (99205 and 99417) and 55 minutes for established patients (99215 and 99417)
  - Prolonged time can include non-direct services on the same day as the encounter

Reporting E/M services using “Time” vs MDM

- A physician will report their level of E/M service using time or MDM
- If reporting based on “time” count all time on the encounter date, including pre- and post service time spent on that patient, even if the patient is not present
- You do not have to meet “time” requirements in the code descriptor to meet a code level if billing based on MDM

- **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:

+ Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided
a) Written or verbal request for consultation is documented in the patient chart.
b) Consultant’s opinion as well as any services ordered or performed are documented in the patient chart.
c) 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 and parents may not initiate a consultation).

★ +99354 Prolonged services in office or other outpatient setting, with direct patient contact; first hour (use in conjunction with time-based codes 99241-99245, 99324-99337, 99341-99350, 90837)
★ +99355 each additional 30 min. (use in conjunction with 99354)
  • Used when a physician or other qualified health care professional 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 are 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
  • Report codes 99406-99409 when you are treating your patient and not the parent unless you plan to code and bill under the parent.

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
  Do not report 96160 with 99408 for the risk assessment associated with the intervention

Physician/Physician-Directed Non-Face-to-Face Services
Behavioral health integration care management, chronic care management, psychiatric collaborative care management services 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. For information on telephone care, principal care management, chronic care management, transition care management, e-visits and interprofessional consultations and others, please refer to our “Non-Direct Care Management” fact sheet.

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.

Tips:
• Reported by the supervising physician or other qualified health care professional.
• The assessment and treatment plan is not required to be comprehensive and the office/practice is not required to have all the functions of chronic care management (99487, 99489, 99490).
• May be used in any outpatient setting, as long as the reporting professional has an ongoing relationship with the patient and clinical staff and as long as the clinical staff is available for face-to-face services with the patient.
• Behavioral integration care management (99484) and chronic care management services may be reported by the same professional in the same month, as long as distinct care management services are performed.

Principal 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)

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

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

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 no originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network

Psychiatric Diagnostic or Evaluative Interview Procedures

★ 90791  Psychiatric diagnostic interview examination evaluation

★ 90792  Psychiatric diagnostic evaluation with medical services

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:
  o Patients who have other individuals legally responsible for their care
  o Patients who request others to be present or involved in their care such as translators, interpreters or additional family members
  o Patients who require the involvement of other third parties such as child welfare agencies, schools or probation officers

★ 90846  Family psychotherapy (without patient present), 50 min

★ 90847  Family psychotherapy (conjoint psychotherapy) (with patient present), 50 min

90849  Multiple-family group psychotherapy

90853  Group psychotherapy (other than a multiple family group)

• For interactive group psychotherapy use code 90785 in conjunction with code 90853

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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**).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90885</td>
<td>Psychiatric evaluation of hospital records, other psychiatric reports, and psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes</td>
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<tr>
<td>90887</td>
<td>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</td>
</tr>
<tr>
<td>90889</td>
<td>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</td>
</tr>
</tbody>
</table>

Assessment and Testing

Psychological Testing

**96130** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

+ **96131** each additional hour (List separately in addition to code **96130**)

**96136** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

+ **96137** each additional 30 minutes (List separately in addition to **96136**)

**96146** Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

Assessment of Aphasia

**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

Emotional/Behavioral Assessment

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

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

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procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion
98968 21-20 minutes of medical discussion

98969 On-line 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

Drug Screening Services
Reporting for this may depend on payer rules. Some payers (mostly commercial payers) will require the use of the CPT codes, while any Medicare plan or any plan that follows Medicare payment rules (mostly Medicaid) will require the “G” codes.

CPT codes
Drug Class List A
The following list contains drugs or classes of drugs that are commonly assayed by presumptive procedures. The methodology is typically one in which the results are capable of being read by direct optical observation, including instrument-assisted when performed (eg, dipsticks, cups, cards, cartridges), or by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay). These procedures may also be followed by a definitive procedure.

- Alcohol (Ethanol)
- Amphetamines
- Methaqualone
- Barbiturates
- Benzodiazepines
- Methylenedioxymethamphetamine (MDMA)
- Opiates
- Buprenorphine
- Cocaine
- Oxycodone
- Propoxyphene
- metabolite
- Heroin metabolite
- Tetrahydrocannabinol (THC) metabolites
- (6-monoacetylmorphine)
- Methadone
- (marijuana)
- (EDDP)
- Methadone metabolite
- Tricyclic
- Methamphetamine
- Antidepressant

Drug Class List B
The following list contains drugs or classes of drugs that may be assayed by presumptive procedures. The methodology typically requires more resources than the drugs listed in Drug Class List A. The procedure may include drug class specific pre-analytical sample preparation. It may be a manual process such as ELISA.

- Acetaminophen
- Carisoprodol/Meprobamate
- Ketamine
- Meperidine
- Ethyl Glucuronide
- Fentanyl
- Methylphenidate

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Use code 80300 to report single or multiple drug class procedures, other than TLC, using direct optical observation (e.g., dipsticks, drug test cups, cassettes, and cards that are interpreted visually, with or without instrument assistance) for Class List A drug classes. Report 80300 once, irrespective of the number of direct observation drug class procedures or results on any date of service.

Use code 80301 to report single drug classes included in Drug Class List A, performed by methods other than direct optical observation or TLC, using discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay (e.g., EIA, KIMS, CEDIA immunoassays) once per date of service. Use 80301 once to report single or multiple procedures performed, irrespective of the number of procedures, classes, or results on any date of service.

Use code 80302 to report presumptive, single drug classes other than those in Drug Class List A (i.e., Drug Class List B), other than direct optical observation or TLC, using immunoassays or chromatography without mass spectrometry, each drug class/procedure.

80300 Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (e.g., dipsticks, cups, cards, cartridges), per date of service

80301 single drug class method, by instrumented test systems (e.g., discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service

80302 Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (e.g., ELISA) or non-TLC chromatography without mass spectrometry (e.g., GC, HPLC), each procedure

80303 Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (e.g., acid, neutral, alkaloid plate), per date of service

80304 not otherwise specified presumptive procedure (e.g., TOF, MALDI, LDTD, DESI, DART), each procedure

For example:

- To report five (5) presumptive drug classes performed using a direct optical observation device procedure (drug test cup or 5 separate dipsticks), report 80300 once per date of service.

- To report three (3) presumptive drug classes (Drug Class List A) performed using an automated chemistry analyzer, report 80301 once per facility, per date of service.

- To report thirteen (13) presumptive drug classes (Drug Class List A) performed using an automated chemistry analyzer, report 80301 once per facility, per date of service.

- To report two (2) presumptive drug classes (Drug Class List B) performed using a semi-automated analyzer, report 80302 X 2.

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To report two (2) multiple drug TLC procedures (one acid/neutral analysis for 10 drugs; one base analysis for 45 drugs), report 80303 X 1, per date of service.

**HCPCS Codes**

**G0477** Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

**G0478** Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

**G0479** Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDIT, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.

**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, 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.

**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).

**Psychoactive Substance Use**

As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis. The codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

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

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★ Indicates CPT allows as a telemedicine service

Alcohol
F10.10 Alcohol abuse, uncomplicated
F10.11 Alcohol abuse, in remission
F10.14 Alcohol abuse with alcohol-induced mood disorder
F10.159 Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.18- Alcohol abuse with unspecified
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
F10.259 Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.28- Alcohol dependence with alcohol-induced
F10.29 Alcohol dependence with 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

Opioid
F11.10 Opioid abuse, uncomplicated
F11.11 Opioid abuse, in remission
F11.120 Opioid abuse with intoxication, uncomplicated
F11.121 Opioid abuse with intoxication delirium
F11.122 Opioid abuse with intoxication with perceptual disturbance
F11.129 Opioid abuse with intoxication, unspecified
F11.14 Opioid abuse with opioid-induced mood disorder
F11.150 Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159 Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.182 Opioid abuse with opioid-induced sleep disorder
F11.188 Opioid abuse with other opioid-induced disorder
F11.19 Opioid abuse with unspecified opioid-induced disorder
F11.20 Opioid dependence, uncomplicated
F11.21 Opioid dependence, in remission

Cannabis
F12.10 Cannabis abuse, uncomplicated
F12.11 Cannabis abuse, in remission
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

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F12.99</td>
<td>Cannabis use, unspecified with unspecified cannabis-induced disorder</td>
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[C]Sedatives

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F13.10</td>
<td>Sedative, hypnotic or anxiolytic abuse, uncomplicated</td>
</tr>
<tr>
<td>F13.11</td>
<td>Sedative, hypnotic or anxiolytic abuse, in remission</td>
</tr>
<tr>
<td>F13.129</td>
<td>Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified</td>
</tr>
<tr>
<td>F13.14</td>
<td>Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder</td>
</tr>
<tr>
<td>F13.18-</td>
<td>Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced</td>
</tr>
<tr>
<td>F13.21</td>
<td>Sedative, hypnotic or anxiolytic dependence, in remission</td>
</tr>
<tr>
<td>F13.90</td>
<td>Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated</td>
</tr>
<tr>
<td>F13.94</td>
<td>Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder</td>
</tr>
<tr>
<td>F13.98-</td>
<td>Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced</td>
</tr>
<tr>
<td>F13.99</td>
<td>Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder</td>
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[C]Stimulants (eg, Caffeine, Amphetamines)

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<th>Code</th>
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<tbody>
<tr>
<td>F15.10</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated</td>
</tr>
<tr>
<td>F15.11</td>
<td>Other stimulant abuse, in remission</td>
</tr>
<tr>
<td>F15.14</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced mood disorder</td>
</tr>
<tr>
<td>F15.18-</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced</td>
</tr>
<tr>
<td>F15.19</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) abuse with unspecified stimulant-induced disorder</td>
</tr>
<tr>
<td>F15.20</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) dependence, uncomplicated</td>
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<tr>
<td>F15.21</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) dependence, in remission</td>
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<tr>
<td>F15.24</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced mood disorder</td>
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<tr>
<td>F15.28-</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced</td>
</tr>
<tr>
<td>F15.29</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) dependence with unspecified stimulant-induced disorder</td>
</tr>
<tr>
<td>F15.90</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) use, unspecified, uncomplicated</td>
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<tr>
<td>F15.94</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced mood disorder</td>
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<tr>
<td>F15.98-</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced</td>
</tr>
<tr>
<td>F15.99</td>
<td>Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with unspecified stimulant-induced disorder</td>
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[C]Nicotine (eg, Cigarettes)

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<th>Description</th>
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<tbody>
<tr>
<td>F17.200</td>
<td>Nicotine dependence, unspecified, uncomplicated</td>
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<tr>
<td>F17.201</td>
<td>Nicotine dependence, unspecified, in remission</td>
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<tr>
<td>F17.203</td>
<td>Nicotine dependence unspecified, with withdrawal</td>
</tr>
<tr>
<td>F17.20-</td>
<td>Nicotine dependence, unspecified, with</td>
</tr>
<tr>
<td>F17.210</td>
<td>Nicotine dependence, cigarettes, uncomplicated</td>
</tr>
<tr>
<td>F17.211</td>
<td>Nicotine dependence, cigarettes, in remission</td>
</tr>
<tr>
<td>F17.213</td>
<td>Nicotine dependence, cigarettes, with withdrawal</td>
</tr>
</tbody>
</table>

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F17.218- Nicotine dependence, cigarettes, with

Depression/Depressive Disorders

F32.A Depression, unspecified

F30- Report for bipolar disorder, single manic episode

F30.10 Manic episode without psychotic symptoms, unspecified

F30.11 Manic episode without psychotic symptoms, mild

F30.12 Manic episode without psychotic symptoms, moderate

F30.13 Manic episode, severe, without psychotic symptoms

F30.2 Manic episode, severe with psychotic symptoms

F30.3 Manic episode in partial remission

F30.4 Manic episode in full remission

F30.8 Other manic episodes

F30.9 Manic episode, unspecified

F31.0 Bipolar disorder, current episode hypomanic

F31.10 Bipolar disorder, current episode manic without psychotic features, unspecified

F31.11 Bipolar disorder, current episode manic without psychotic features, mild

F31.12 Bipolar disorder, current episode manic without psychotic features, moderate

F31.13 Bipolar disorder, current episode manic without psychotic features, severe

F31.2 Bipolar disorder, current episode manic severe with psychotic features

F31.30 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified

F31.31 Bipolar disorder, current episode depressed, mild

F31.32 Bipolar disorder, current episode depressed, moderate

F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features

F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features

F31.60 Bipolar disorder, current episode mixed, unspecified

F31.61 Bipolar disorder, current episode mixed, mild

F31.62 Bipolar disorder, current episode mixed, moderate

F31.63 Bipolar disorder, current episode mixed, severe, without psychotic features

F31.64 Bipolar disorder, current episode mixed, severe, with psychotic features

F31.70 Bipolar disorder, currently in remission, most recent episode unspecified

F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic

F31.72 Bipolar disorder, in full remission, most recent episode hypomanic

F31.73 Bipolar disorder, in partial remission, most recent episode manic

F31.74 Bipolar disorder, in full remission, most recent episode manic

F31.75 Bipolar disorder, in partial remission, most recent episode depressed

F31.76 Bipolar disorder, in full remission, most recent episode depressed

F31.77 Bipolar disorder, in partial remission, most recent episode mixed

F31.78 Bipolar disorder, in full remission, most recent episode mixed

F31.81 Bipolar II disorder

F31.89 Other bipolar disorder (Recurrent manic episodes NOS)

F31.9 Bipolar disorder, unspecified

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

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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 Dysthyemic disorder (depressive personality disorder, dysthymia neurotic depression)
F39 Mood (affective) disorder, unspecified

Anxiety Disorders
F40.10 Social phobia, unspecified
F40.11 Social phobia, generalized
F40.8 Phobic anxiety disorders, other (phobic anxiety disorder of childhood)
F40.9 Phobic anxiety disorder, unspecified
F41.1 Generalized anxiety disorder

Behavioral/Emotional Disorders
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
F90.9 Attention-deficit hyperactivity disorder, unspecified type
F91.1 Conduct disorder, childhood-onset type
F91.2 Conduct disorder, adolescent-onset type
F91.3 Oppositional defiant disorder
F91.9 Conduct disorder, unspecified

Neurodevelopmental/Other Developmental Disorders
F81.0 Specific reading disorder
F81.2 Mathematics disorder
F81.89 Other developmental disorders of scholastic skills
F81.9 Developmental disorder of scholastic skills, unspecified

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.

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R45.851 Suicidal ideations
R46.89 Other symptoms and signs involving appearance and behavior
R46.5 Suspiciousness and marked evasiveness
R48.0 Alexia/dyslexia, NOS
R78.0 Finding of alcohol in blood  (use additional external cause code (Y90.-), for detail regarding alcohol level)
R78.1 Finding of opiate drug in blood
R78.2 Finding of cocaine in blood
R78.3 Finding of hallucinogen in blood
R78.4 Finding of other drugs of addictive potential in blood
R78.5 Finding of other psychotropic drug in blood

Poisoning and Adverse Effects
For codes T40 – T51 use the following as the 5th or 6th digit to define the poisoning or adverse effect
1 Accidental (unintentional)
2 Intentional self-harm
3 Assault
4 Undetermined
5 Adverse effect
6 Underdosing

Codes T40 – T51 require a 7th digit to define the encounter.
A Initial encounter
D Subsequent encounter
S Sequela

T40.0X- Opium
T40.1X- Heroin
T40.2X- Opioids (other)T40.3X- Methadone
T40.5X- Cocaine
T40.6X- Narcotics, unspecified
T40.7X- Cannabis (derivatives)
T40.8X- Lysergide (LSD)
T40.90- Hallucinogens, unspecified
T42.3X- Barbiturates
T42.7- Sedative-hypnotics, unspecified (need to add a 6th digit placeholder X)
T43.6X- Psychostimulants, unspecified
T43.9- Psychotropic drugs, unspecified (need to add a 6th digit placeholder X)
T51.0X- Toxic effect of ethanol

Z Codes
Z codes represent reasons for encounters. Categories Z00–Z99 are provided for occasions when circumstances other

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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.

Z02.83 Encounter for blood-alcohol and blood-drug test (use additional code for findings of alcohol or drugs in blood (R78.-))
Z13.89 Encounter for screening for other disorder
Z55.0 Illiteracy and low-level literacy
Z55.2 Failed school examinations
Z55.3 Underachievement in school
Z55.4 Educational maladjustment and discord with teachers and classmates
Z55.8 Other problems related to education and literacy
Z55.9 Problems related to education and literacy, unspecified
(Z55 codes exclude those conditions reported with F80-F89)
Z59.00 Homelessness unspecified
Z59.5 Extreme poverty
Z59.6 Low income
Z59.7 Insufficient social insurance and welfare support
Z59.8 Other problems related to housing and economic circumstances
Z60.4 Social exclusion and rejection
Z60.8 Other problems related to social environment
Z60.9 Problem related to social environment, unspecified
Z62.0 Inadequate parental supervision and control
Z62.21 Foster care status (child welfare)
Z62.22 Institutional upbringing (child living in orphanage or group home)
Z62.29 Other upbringing away from parents
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 legal circumstances
Z69.010 Encounter for mental health services for victim of parental child abuse
Z69.020 Encounter for mental health services for victim of non-parental child abuse

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Z71.41 Alcohol abuse counseling and surveillance of alcoholic (use additional code for alcohol abuse or dependence (F10.-))

Z71.51 Drug abuse counseling and surveillance of drug abuser (use additional code for drug abuse or dependence (F11-F16, F18-F19))

Z71.89 Counseling, other specified

Z72.0 Tobacco use

Z73.4 Inadequate social skills, not elsewhere classified

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

Z87.891 Personal history of nicotine dependence

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★ Indicates CPT allows as a telemedicine service