

American Academy of Pediatrics

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Substance Use/Abuse Coding Fact Sheet for Primary Care Pediatrics

Current Procedural Terminology (CPT®) 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/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:

- 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

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- 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

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- 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:
 - Patients who have other individuals legally responsible for their care
 - Patients who request others to be present or involved in their care such as translators, interpreters or additional family members
 - 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 of 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).

- 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

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

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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	Mehtaqualone	
Barbiturates	Benzodiazepines	Methylenedioxymethamphetamine (MDMA)	Opiates
Buprenorphine metabolite	Cocaine	Oxycodone	Phencyclidine
(6-monoacetylmorphine)	Heroin metabolite	Propoxyphene	
Methadone metabolite (EDDP)	Methadone	Tetrahydrocannabinol (THC) metabolites (marijuana)	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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Nicotine/Cotinine
Synthetic Cannabinoids

Salicylate
Tapentadol

Tramadol
Not otherwise specified

Zolpidem

Use code 80300 to report single or multiple drug class procedures, other than TLC, using direct optical observation (eg, 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 (eg, 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 (ie, 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, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service

80301 single drug class method, by instrumented test systems (eg, 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 (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, 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) (eg, acid, neutral, alkaloid plate), per date of service

80304 not otherwise specified presumptive procedure (eg, 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

- Go477** 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
- Go478** 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
- Go479** 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, LDTD, 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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[C]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 alcohol-induced
- 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 unspecified 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

[C] 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

[C]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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F12.99 Cannabis use, unspecified with unspecified cannabis-induced disorder

[C]Sedatives

F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated

F13.11 Sedative, hypnotic or anxiolytic abuse, in remission

F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified

F13.14 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder

F13.18- Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced

F13.21 Sedative, hypnotic or anxiolytic dependence, in remission

F13.90 Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated

F13.94 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder

F13.98- Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced

F13.99 Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder

[C]Stimulants (eg, Caffeine, Amphetamines)

F15.10 Other stimulant (amphetamine-related disorders or caffeine) abuse, uncomplicated

F15.11 Other stimulant abuse, in remission

F15.14 Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced mood disorder

F15.18- Other stimulant (amphetamine-related disorders or caffeine) abuse with stimulant-induced

F15.19 Other stimulant (amphetamine-related disorders or caffeine) abuse with unspecified stimulant-induced disorder

F15.20 Other stimulant (amphetamine-related disorders or caffeine) dependence, uncomplicated

F15.21 Other stimulant (amphetamine-related disorders or caffeine) dependence, in remission

F15.24 Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced mood disorder

F15.28- Other stimulant (amphetamine-related disorders or caffeine) dependence with stimulant-induced

F15.29 Other stimulant (amphetamine-related disorders or caffeine) dependence with unspecified stimulant-induced disorder

F15.90 Other stimulant (amphetamine-related disorders or caffeine) use, unspecified, uncomplicated

F15.94 Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced mood disorder

F15.98- Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with stimulant-induced

F15.99 Other stimulant (amphetamine-related disorders or caffeine) use, unspecified with unspecified stimulant-induced disorder

[C]Nicotine (eg, Cigarettes)

F17.200 Nicotine dependence, unspecified, uncomplicated

F17.201 Nicotine dependence, unspecified, in remission

F17.203 Nicotine dependence unspecified, with withdrawal

F17.20- Nicotine dependence, unspecified, with

F17.210 Nicotine dependence, cigarettes, uncomplicated

F17.211 Nicotine dependence, cigarettes, in remission

F17.213 Nicotine dependence, cigarettes, with withdrawal

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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** Dysthymic 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
- T40.60-** 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)
- T43.60-** Psychostimulants, unspecified
- T43.9-** Psychotropic drugs, unspecified (need to add a 6th digit placeholder X)
- T51.0X-** Toxic effect of ethanol

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### 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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