American Academy of Pediatrics
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Tobacco/E-Cigarettes Use/Exposure Coding Fact Sheet for Primary Care Pediatrics

Physician Evaluation & Management Services

Outpatient

★**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 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** 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

Smoking and tobacco use cessation

★**99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
★**99407** intensive, greater than 10 minutes

Note you cannot report tobacco cessation codes (**99406-99407**) under the child when counseling the parent. The codes cannot be reported under the pediatric patient if a parent or guardian is counseled on smoking cessation. Time spent counseling the parent or guardian falls under the E/M service time unless billing under the parent or guardian's name and ID.

+ Codes are add-on codes, meaning they are reported separately in addition to the appropriate code for the service provided
★ Allowed to be reported as a telemedicine service per CPT

Inpatient

99221 Initial hospital care, per day: admitting problem of low severity, 30 min.
99222 admitting problem of moderate severity, 50 min.
99223 admitting problem of high severity, 70 min.

99231 Subsequent hospital care, per day, also used for follow-up inpatient consultation services; patient is stable, recovering or improving, 15 min.
99232 patient is responding inadequately to therapy or has developed minor complication, 25 min.
99233 patient is unstable or has developed a significant complication or new problem, 35 min.

99218 Initial observation care, per day: admitting problem of low severity, 30 min,
99219 admitting problem of moderate severity, 50 min,
99220 admitting problem of high severity, 70 min.

99224 Subsequent observation care, per day: patient is stable, recovering or improving, 15 min.
99225 patient is responding inadequately to therapy or has developed a minor complication, 25 min.
99226 patient is unstable or has developed a significant new problem, 35 min.

+99356 Prolonged services in the inpatient/observation setting; first hour
(use in conjunction with time-based codes 99221-99233, 99218-99220, 99224-99226)
+99357 each additional 30 min. (use in conjunction with 99356)
99238 Hospital discharge day management; 30 min.
99239 more than 30 min

Reporting E/M services using "Time"

- Only pertains to E/M codes with a typical time (excludes 99202-99215). For purposes of this fact sheet, this refers only to codes 99218-99220, 99221-99226, 99231-99233).

- When counseling or coordination of care dominates (more than 50%) the physician/patient or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time shall** be considered the key or controlling factor to qualify for a particular level of E/M services.

- This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

- For coding purposes, intraservice time for **inpatient** (eg, hospital care) services is defined as unit/floor time, which includes the time present on the patient's hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient's chart, examine the patient, write notes, and communicate with other professionals and the patient's family. In the hospital, pre- and post-time includes time spent off the patient's floor performing such tasks as reviewing pathology and radiology findings in another part of the hospital.

- When codes are ranked in sequential typical times and the actual time is between 2 typical times, the code with the typical time closest to the actual time is used.

- Prolonged services can only be added to codes with listed typical times such as the ones listed above. To report physician or other qualified health care professional prolonged services the reporting provider must spend a minimum of 30 minutes beyond the typical time listed in the code level being reported. When reporting outpatient prolonged services only count

face-to-face time with the reporting provider. When reporting inpatient or observation prolonged services you can count face-to-face time, as well as unit/floor time spent on the patient's care. However, if the reporting provider is reporting their service based on time (ie, counseling/coordinating care dominate) and not key components, then prolonged services cannot be reported unless the provider reaches 30 minutes beyond the listed typical time in the highest code in the set (eg, 99205, 99226, 99223). It is important that time is clearly noted in the patient's chart. For clinical staff prolonged services refer to CPT codes 99415-99416 in the CPT manual.

Non-Direct Care

Only principal care management is mentioned here. For information on telephone care, chronic care management, transition care management, e-visits and interprofessional consultations and others, please refer to the "**Non-Direct Care Management**" fact sheet.

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**)

99424 Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of

the condition is unusually complex due to comorbidities,

- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes provided personally by a physician or other QHP, per calendar month.

+ **99425** each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to 99424)

Non-Physician Provider (NPP) Services

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

96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)

96158 Health behavior intervention (HBI), individual, face-to-face; initial 30 minutes
96159 each additional 15 minutes (Report with 96158)
96164 HBI, group (2 or more patients), face-to-face; initial 30 minutes
96165 each additional 15 minutes (Report with 96164)
96167 HBI, family (with the patient present), face-to-face; initial 30 minutes
96168 each additional 15 minutes (Report with 96167)
96170 HBI, family (without the patient present), face-to-face; initial 30 minutes
96171 each additional 15 minutes (Report with 96170)

*Report the family HBI codes only when the intervention is centered around the family. Do not report if the parent is present because of the age of the patient, but they not involved in the intervention. Refer to the individual or group codes instead.

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

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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 include any supplemental information that might be helpful, including social determinants of health.

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

** For more information on your state's quitline, visit http://map.naquitline.org/
- Indicates that an additional character is required for the ICD-10-CM code

I. Diagnosed Respiratory Conditions Related to Tobacco/Vaping Use/Exposure

J06.9 Acute upper respiratory infection, unspecified

For **J44** codes
Code also type of asthma, if applicable (**J45**.-)
For **J44** and **J45** codes use additional code to identify:
exposure to environmental tobacco smoke (**Z77.22**)
history of tobacco use (**Z87.891**)
occupational exposure to environmental tobacco smoke (**Z57.31**)
tobacco dependence (**F17**.-)
tobacco use (**Z72.0**)

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection (use additional code to identify the infection)
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9 Chronic obstructive pulmonary disease, unspecified (Chronic obstructive airway disease NOS)
J45.20 Mild intermittent asthma, uncomplicated (NOS)
J45.21 Mild intermittent asthma with (acute) exacerbation
J45.22 Mild intermittent asthma with status asthmaticus
J45.30 Mild persistent asthma, uncomplicated (NOS)
J45.31 Mild persistent asthma with (acute) exacerbation
J45.32 Mild persistent asthma with status asthmaticus
J45.40 Moderate persistent asthma, uncomplicated (NOS)
J45.41 Moderate persistent asthma with (acute) exacerbation
J45.42 Moderate persistent asthma with status asthmaticus
J45.50 Severe persistent asthma, uncomplicated (NOS)
J45.51 Severe persistent asthma with (acute) exacerbation
J45.52 Severe persistent asthma with status asthmaticus
J45.901 Unspecified asthma with (acute) exacerbation
J45.902 Unspecified asthma with status asthmaticus
J45.909 Unspecified asthma, uncomplicated (NOS)
J45.990 Exercise induced bronchospasm
J45.991 Cough variant asthma
J45.998 Other asthma
J68.0 Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors; includes chemical pneumonitis
J69.1 Pneumonitis due to inhalation of oils and essences; includes lipoid pneumonia
J80 Acute respiratory distress syndrome
J82 Pulmonary eosinophilia, not elsewhere classified
J84.114 Acute interstitial pneumonitis
J84.89 Other specified interstitial pulmonary disease
R06.02 Shortness of breath
R06.2 Wheezing

U07.0 Vaping-related disorder (E-cigarette, or vaping, product use associated lung injury [EVALI])
Use additional code to identify manifestations such as abdominal pain (R10.84), acute respiratory distress syndrome (J80), weight loss (R63.4)

Z77.22 Exposure to environmental tobacco smoke
Z77.29 Contact with and (suspected) exposure to other hazardous substances (e-cigarette/vaping exposure)

II. 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).

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

[C]Nicotine (eg, Cigarettes)
F17.200 Nicotine dependence, unspecified, uncomplicated
F17.201 Nicotine dependence, unspecified, in remission
F17.203 Nicotine dependence unspecified, with withdrawal
F17.210 Nicotine dependence, cigarettes, uncomplicated
F17.211 Nicotine dependence, cigarettes, in remission
F17.213 Nicotine dependence, cigarettes, with withdrawal
F17.218 Nicotine dependence, cigarettes, with
F17.290 Nicotine dependence, other tobacco products, uncomplicated (This includes Electronic nicotine delivery systems (ENDS), e-cigarettes, vaping)

[C]Cannabis
F12.10 Cannabis abuse, uncomplicated
F12.180 Cannabis abuse with cannabis-induced anxiety disorder
F12.19 Cannabis abuse with unspecified cannabis-induced disorder
F12.20 Cannabis dependence, uncomplicated
F12.21 Cannabis dependence, in remission
F12.280 Cannabis dependence with cannabis-induced anxiety disorder
F12.29 Cannabis dependence with unspecified cannabis-induced disorder
F12.90 Cannabis use, unspecified, uncomplicated
F12.980 Cannabis use, unspecified with anxiety disorder
F12.99 Cannabis use, unspecified with unspecified cannabis-induced disorder

[C]Alcohol
F10.10 Alcohol abuse, uncomplicated
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]Sedatives
F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
F13.14 Sedative, hypnotic or anxiolytic abuse w 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
F15.14 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

III. Poisoning and Adverse Effects

For codes **T40 – T65** 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

Codes **T40 – T65** require a 7th digit to define the encounter.

A Initial encounter
D Subsequent encounter
S Sequela

T40.0X- Opium
T40.1X- Heroin
T40.2X- Opoids (other)
T40.3X- Methadone
T40.5X- Cocaine
T40.60- Narcotics, unspecified
T40.7X- Cannabis (derivatives) (use also for acute tetrahydrocannabinol (THC) toxicity)
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)
T65.22- Toxic effect of tobacco cigarettes
T65.29- Toxic effect of other nicotine and tobacco, accidental (also use for poisoning as a result of swallowing, breathing, or absorbing e-cigarette liquid through skin or eyes)

IV. Co-Morbid Mental/Behavioral Health Conditions

Depressive Disorders

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.A Depression, unspecified (depressive disorder, NOS)
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
F34.1 Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)

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

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

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- Indicates that an additional character is required for the ICD-10-CM code

F81.89 Other developmental disorders of scholastic skills
F81.9 Developmental disorder of scholastic skills, unspecified

Other
R45.851 Suicidal ideations
R48.0 Alexia/dyslexia, NOS

V. Signs and symptoms

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

M79.10 Myalgia, unspecified site
R06.00 Dyspnea, unspecified
R06.02 Shortness of breath
R06.2 Wheezing
R06.82 Tachypnea, not elsewhere classified
R07.9 Chest pain, unspecified
R09.02 Hypoxemia

R09.89 Other specified symptoms and signs involving the circulatory and respiratory systems (includes chest congestion)
R10.84 Generalized abdominal pain
R10.9 Unspecified abdominal pain
R11.10 Vomiting, unspecified
R11.11 Vomiting without nausea
R11.2 Nausea with vomiting, unspecified
R19.7 Diarrhea, unspecified
R50.- Fever of other and unknown origin
R53.83 Other fatigue
R61 Generalized hyperhidrosis (night sweats)
R63.4 Abnormal weight loss
R68.83 Chills (without fever)

VI. Z Codes

Z codes represent reasons for encounters. Categories **Z00–Z99** are provided for occasions when circumstances other 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.
(c) When a personal or family history or a social determinant of health impacts the encounter and is documented
(d) Many codes may be used to report social determinants of health and should be used when the issue complicates the encounter or is addressed.

Z13.89 Encounter for screening for other disorder (tobacco/vaping use)
Z57.31 Occupational exposure to environmental tobacco smoke

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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
Z71.6 Tobacco abuse counseling
Z71.89 Counseling, other specified
Z72.0 Tobacco use
Z73,4 Inadequate social skills, not elsewhere classified
Z77.22 Exposure (suspected) to environmental tobacco smoke
Z77.29 Exposure (suspected) to other hazardous substances (e-cigarettes/vaping)
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
Z86.69 Personal history of other diseases of the nervous system and sense organs
Z87.891 Personal history of nicotine dependence (tobacco)

Please note that the National Center for health care Statistics in conjunction with the ICD Cooperating Parties developed official guidance "ICD-10-CM Official Coding Guidelines – Supplement Coding encounters related to E-cigarette, or Vaping, Product Use" Posted 10/2019

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Vignettes

Vignette #1

A mother brings her two-year old child (established patient) in for a well-baby check. In social history, you ask the mother whether she smokes and she admits that she smokes 1 pack a day and has been doing so for the past 10 years. You explain to her that besides the fact that smoking can be detrimental to her health, her child is at increased risk for respiratory problems including asthma, colds, upper respiratory infections and ear infections. You spend 10 minutes face to face explaining to her the serious implications this can have on her child's health. When the parent shows interest in quitting, you discuss various options for smoking cessation, refer her to the state quitline using a fax referral form**, and give her literature on smoking cessation programs available in your area.

How do you code this encounter?

CPT	**ICD-10-CM***
99392 Preventive medicine service; 1 -4 years	**Z00.129** Encounter for routine child health examination without abnormal findings **Z77.22** Exposure to environmental tobacco smoke **Z81.2** Family history of tobacco abuse and dependence **Z71.89** Counseling, other specified

Teaching Point: Since you are not counseling the patient, you cannot report the smoking cessation codes 99406-99407. Preventive medicine service codes take into account all preventive medicine counseling. Since the patient is healthy and the smoking cessation counseling is being done to preventive future illness you cannot report a "sick" E/M services based on time spent, in addition to the preventive medicine service.

Vignette #2

A 5-year-old presents for sudden onset of wheezing. You diagnose an acute exacerbation of moderate persistent asthma and initiate a nebulizer treatment. Parent admits to being a 1.5 pack per day smoker and has tried to quit smoking in the past without success. You explain that the smoke exposure has contributed to the exacerbation of the asthma. The physician provides literature on the various options for smoking cessation and explain the various modalities available, including local options such as the state quitline**. Ten additional minutes are spent face to face discussing the relative risks and benefits of each. Overall face-to-face time is 20 minutes. You are at a 99214 office visit medical decision making (MDM).

How do you code this encounter?

CPT	**ICD-10-CM***
99214 (modifier **25**)	**J45.41** Moderate persistent asthma with (acute) exacerbation **Z77.22** Exposure to environmental tobacco smoke **Z81.2** Family history of tobacco abuse and dependence **Z71.89** Counseling, other specified
94640 Nebulizer treatment	**J45.41**

Teaching Point: Unless you are going to bill under the mother's name to the insurance for the time spent counseling, the time spent would be subsumed under the E/M service for the patient. 20 minutes would only lead you to a 99213. Since your MDM support the higher level, report the 99214.

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Vignette #3

You are evaluating a 16-year-old that has come for a sports physical examination and annual preventive medicine service. On review of systems, patient admits to some shortness of breath on exertion. Direct questioning reveals that the patient smokes 5-6 cigarettes a day and has also experimented with smokeless tobacco. The patient states the smoking began at the time of the parent's divorce as it helped the patient to cope with the depression. Since then, the patient has continued to smoke due to fears of gaining weight after you quit. She is concerned, however, as she knows that smoking is bad for her health and could cause respiratory problems. The physician confirms that smoking has been shown to be detrimental to general health, especially to the respiratory system. A brief discussion occurs to go over options to assist in quitting smoking. You then refer the patient to counseling for depression as well as smoking cessation. The total time spent on smoking cessation counseling is 5 minutes.

How do you code this encounter?

CPT	**ICD-10-CM***
99394 Preventive Medicine Service; 12-17 years	**Z00.121** Encounter for routine child health examination with abnormal findings
99406 (modifier **25**) Smoking cessation counseling; 3-10 mins	**F17.210** Nicotine dependence, cigarettes, uncomplicated **Z71.6** Tobacco abuse counseling

Teaching Point: You will not report the sports physical separately in ICD-10-CM. The Z00.121 is all that is needed.

Vignette #4

You see a 15-year-old patient in the after-hours clinic for his third visit in two months for an upper respiratory tract infection. Patient is otherwise healthy with no chronic medical problems. However, this time, the patient has developed a persistent cough and shortness of breath while playing soccer. You ask the parents to leave the room and discover that the patient has been smoking a pack of cigarettes a day for the past two years. It began when the patient started a new high school, to fit in with the popular kids. Spirometry is performed. You find that the tidal volume is decreased by 15% and there is some rhonchi. A chest X-ray is negative for pneumonia. You explain to the patient that his smoking is making him susceptible to repeated episodes of upper respiratory tract infection. In addition, he is developing reactive airway disease that could make him susceptible to asthma and other problems. You show him literature that describes the various complications of smoking. You also explain the various smoking cessation programs available in the county and answer questions about options that the patient would be able to obtain without parents' knowledge. You spend 40 minutes face-to-face total (excluding time for spirometry), with 20 minutes in general counseling and 10 minutes strictly discussing smoking cessation options. He is diagnosed with exercise-induced bronchospasms.

How do you code this encounter?

CPT	**ICD-10-CM***
99214 (modifier **25**)	**J45.990** Exercise induced bronchospasm
99406 (modifier **25**)	**F17.210** Nicotine dependence, cigarettes, uncomplicated **Z71.6** Tobacco abuse counseling
94010 Spirometry	**J45.990** Exercise induced bronchospasm

Teaching Point: While the overall time spent was 40 minutes, 10 minutes of that time will be separately reported under the smoking cessation code so it cannot be counted towards your overall E/M service.

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

** For more information on your state's quitline, visit http://map.naquitline.org/
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Vignette #5

You are evaluating a 15-year-old patient that has come for an annual preventive medicine service. While discussing substance use, the patient admits to experimenting with e-cigarettes within the past month. Denies traditional cigarette use, offering that smoking is really bad for you. The physician applauds the patient for caring about being healthy by avoiding cigarette use. You then spend 10 minutes informing the patient of the potential health hazards related to e-cigarettes, focusing on both the highly addictive and toxic nature of nicotine. The physician emphasize that nicotine addiction could lead to future cigarette use and encourage him to avoid any use of nicotine-containing product.

How do you code this encounter?

CPT	**ICD-10-CM***
99394 Preventive Medicine Service; 12-17 years	**Z00.121**
99406 (modifier **25**) Smoking cessation counseling; 3-10 mins	**F17.210** Nicotine dependence, cigarettes, uncomplicated **Z71.6** Tobacco abuse counseling

Vignette #6

While covering the newborn nursery, a physician discharges a newborn with a first-time mother who plans to breastfeed. As you routinely do, you ask her about smoking and she admits to smoking 1 pack or more a day for the past 10 years. She decreased this to half a pack while pregnant but could not decrease it any further due to cravings. Admits to smoking on the day the baby was delivered.

Her spouse is a smoker too and smokes 2 packs a day. The physician explains that smoking is very harmful, especially to the lungs of a newborn. Fifteen minutes is spent explaining the various complications of smoking including asthma, recurrent upper respiratory infections, and ear infections. You explain that merely smoking outside the baby's room would not eliminate the risk as the baby would be exposed to nicotine through breast milk which could lead to irritability and decreased sleep. Various options for smoking cessation and literature are shared for both the mother and spouse to review. You offer to refer her to a smoking cessation program in the hospital, as well as the state quitline**. Overall the discharge service takes 35 minutes to complete.

How do you code this encounter?

CPT	**ICD-10-CM***
99239 Discharge Service over 30 mins	**Z38.00** Single liveborn infant, delivered vaginally **P96.81** Exposure to tobacco smoke in the perinatal period **Z71.89** Counseling, other specified

Vignette #7

A hospitalist sees an infant admitted to the hospital for a second episode of wheezing in the last three months. Patient is the only child and does not attend daycare. Both parents smoke in the house and in the car. Patient has had three ear infections in the last six months and is being considered for tube placements by the primary care pediatrician. As part of the management of the infant, the physician discusses the increased risk of ear infections and frequent respiratory symptoms, amongst others, because of their smoking. The physician assesses their willingness to quit smoking and assists with arranging smoking cessation resources, both available in the hospital and through the state quitline**. This initial hospital encounter takes 80 minutes to complete, including unit/floor time. Of that time 45 minutes is spent in counseling and coordinating care.

How do you code this encounter?

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

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CPT	ICD-10-CM*
99223 Initial hospital care; 70 mins	**R06.2** Wheezing **Z86.69** Personal history of other diseases of the nervous system and sense organs **Z77.22** Exposure to environmental tobacco smoke **Z71.89** Counseling, other specified

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

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