



ADHD Coding Fact Sheet for Primary Care Pediatricians

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

- ★99201 Office or other outpatient visit, *new patient*; self limited or minor problem, 10 min.
- ★99202 low to moderate severity problem, 20 min.
- ★99203 moderate severity problem, 30 min.
- ★99204 moderate to high severity problem, 45 min.
- ★99205 high severity problem, 60 min.

A *new patient* is one who has not received any professional face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s) from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

- ★99211 Office or other outpatient visit, *established patient*; minimal problem, 5 min.
- ★99212 self limited or minor problem, 10 min.
- ★99213 low to moderate severity problem, 15 min.
- ★99214 moderate severity problem, 25 min.
- ★99215 moderate to high severity problem, 40 min.
- ★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; and
- 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/Parents may not initiate a consultation)
- d) For more information on consultation code changes for 2010 see AAP Position Paper at http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/AAP_Position_Medicare_Consultation_Policy.pdf

Reporting E/M services using "Time"

- 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, face-to-face time for these services is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient.

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

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- When codes are ranked in sequential typical times (such as for the office-based E/M services or consultation codes) 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. In order to report 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. Refer to CPT for codes to define prolonged clinical staff time.
- **Example:** A physician sees an established patient in the office to discuss the current ADHD medication the patient was placed on. The total face-to-face time was 22 minutes, of which 15 minutes was spent in counseling the mom and patient. Because more than 50% of the total time was spent in counseling, the physician would report the E/M service based on time. The physician would report a 99214 instead of a 99213 because the total face-to-face time was closer to a 99214 (25 minutes) than a 99213 (15 minutes).

ADHD Follow-up During a Routine Preventive Medicine Service

- A good time to follow-up with a patient regarding their ADHD could be during a preventive medicine service.
- If the follow-up does not require a lot of additional work on behalf of the physician, then it should be reported under the preventive medicine service and not separate.
- If the follow-up work requires an additional evaluation and management service in addition to the preventive medicine service, it should be reported as a separate service.
- Chronic conditions should not be listed in the ICD-10-CM codes if not separately addressed
- When reporting a preventive medicine service in addition to an office-based E/M service that are significant and separately identifiable, modifier 25 will be required on the office-based E/M service
- **Example:** A 12-year-old established patient presents for his routine preventive medicine service and while they are there mom asks about changing her son's ADHD medication due to some side effects the child is experiencing. The physician completes the routine preventive medicine check and then addresses the mom's concerns in a separate service. The additional E/M service takes 15 minutes, of which the physician spends about 10 minutes in counseling/coordinating care, therefore the E/M service is reported based on time.
 - Code 99394 and 99213 25 (append modifier 25) to account for both E/M services and link each to the appropriate ICD-10-CM code

- ★+99354 **Prolonged services** in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with time-based codes 99201-99215, 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 is not reported separately.
- If reporting your E/M service based on time and not key factors (hx, exam, medical decision making), the physician must reach the typical time in the highest code in the code set being reported (eg, 99205, 99215, 99245) before face-to-face prolonged services can be reported.

Physician Non-Face-to-Face Services

- 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

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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 services before or after direct patient contact; first hour Note: This code is now published on the Medicare physician fee schedule as a payable service. Many private payers and state Medicaid will follow suit. Report when performed.
- +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
- 99441 Telephone evaluation and management to 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 health care professional who may report an evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

Psychiatry

- +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])

Psychiatric Diagnostic or Evaluative Interview Procedures

- ★90791 Psychiatric diagnostic interview examination evaluation
- ★90792 Psychiatric diagnostic evaluation with medical services

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

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Psychological Testing

- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the *psychologist's or physician's* time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with *qualified health care professional* interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), administered by a computer, with *qualified health care professional* interpretation and report
- 96110 Developmental screening, with scoring and documentation per standardized instrument (Do not report for ADHD scales)
- 96111 Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized instruments) with interpretation and report
- ★96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 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

- 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
- 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
- ★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)

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Non-Face-to-Face Services: NPP

Care Management Services:

Codes are selected based on the amount of time spent by clinical staff providing care coordination activities. CPT clearly defines what is defined as care coordination activities. In order to report chronic care management codes, you must

1. provide 24/7 access to physicians or other qualified health care professionals or clinical staff;
2. use a standardized methodology to identify patients who require chronic complex care coordination services
3. have an internal care coordination process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner
4. use a form and format in the medical record that is standardized within the practice
5. be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.

99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.

Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. If 20 minutes are not met within a calendar month, you do not report chronic care management. Refer to *CPT* for more information.

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 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

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.

**Depressive Disorders**

- F34.1** Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)  
**F39** Mood (affective) disorder, unspecified  
**F30.8** Other manic episode

**Anxiety Disorders**

- F06.4** Anxiety disorder due to known physiological conditions  
**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  
**F41.9** Anxiety disorder, unspecified

**Feeding and Eating Disorders/Elimination Disorders**

- F50.89** Eating disorders, other  
**F50.9** Eating disorder, unspecified  
**F98.0** Enuresis not due to a substance or known physiological condition  
**F98.1** Encopresis not due to a substance or known physiological condition  
**F98.3** Pica (infancy or childhood)

**Impulse Disorders**

- F63.9** Impulse disorder, unspecified

**Trauma- and Stressor-Related Disorders**

- F43.20** Adjustment disorder, unspecified  
**F43.21** Adjustment disorder with depressed mood  
**F43.22** Adjustment disorder with anxiety  
**F43.23** Adjustment disorder with mixed anxiety and depressed mood  
**F43.24** Adjustment disorder with disturbance of conduct

**Neurodevelopmental/Other Developmental Disorders**

- F70** Mild intellectual disabilities  
**F71** Moderate intellectual disabilities  
**F72** Severe intellectual disabilities  
**F73** Profound intellectual disabilities  
**F79** Unspecified intellectual disabilities  
**F80.0** Phonological (speech) disorder (speech-sound disorder)  
**F80.1** Expressive language disorder  
**F80.2** Mixed receptive-expressive language disorder  
**F80.4** Speech and language developmental delay due to hearing loss (code also hearing loss)  
**F80.81** Stuttering  
**F80.82** Social pragmatic communication disorder  
**F80.89** Other developmental disorders of speech and language  
**F80.9** Developmental disorder of speech and language, unspecified  
**F81.0** Specific reading disorder  
**F81.2** Mathematics disorder

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- F81.89** Other developmental disorders of scholastic skills
- F81.9** Developmental disorder of scholastic skills, unspecified
- F82** Developmental coordination disorder
- F84.0** Autistic disorder (Autism spectrum)
- F88** Specified delays in development; other
- F89** Unspecified delay in development

**Behavioral/Emotional Disorders**

- F90.0** Attention-deficit hyperactivity disorder, predominantly inattentive type (ADD)
- 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
- F93.0** Separation anxiety disorder
- F93.8** Other childhood emotional disorders (relationship problems)
- F93.9** Childhood emotional disorder, unspecified
- F94.9** Childhood disorder of social functioning, unspecified
- F95.0** Transient tic disorder
- F95.1** Chronic motor or vocal tic disorder
- F95.2** Tourette's disorder
- F95.9** Tic disorder, unspecified
- F98.8** Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence (nail-biting, nose-picking, thumb-sucking)

**Other**

- F07.81** Postconcussional syndrome
- F07.89** Personality and behavioral disorders due to known physiological condition, other
- F07.9** Personality and behavioral disorder due to known physiological condition, unspecified
- F48.8** Nonpsychotic mental disorders, other (neurasthenia)
- F48.9** Nonpsychotic mental disorders, unspecified
- F45.41** Pain disorder exclusively related to psychological factors
- F51.01** Primary insomnia
- F51.02** Adjustment insomnia
- F51.03** Paradoxical insomnia
- F51.04** Psychophysiological insomnia
- F51.05** Insomnia due to other mental disorder (Code also associated mental disorder)
- F51.09** Insomnia, other (not due to a substance or known physiological condition)
- F51.3** Sleepwalking [somnambulism]
- F51.4** Sleep terrors [night terrors]
- F51.8** Other sleep disorders
- F93.8** Childhood emotional disorders, other
- R46.89** Other symptoms and signs involving appearance and behavior

**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

**Alcohol**

- F10.10** Alcohol abuse, uncomplicated (alcohol use disorder, mild)
- F10.14** Alcohol abuse with alcohol-induced mood disorder

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- 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

#### Cannabis

- F12.10** Cannabis abuse, uncomplicated (cannabis use disorder, mild)
- 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
- F12.99** Cannabis use, unspecified with unspecified cannabis-induced disorder

#### Sedatives

- F13.10** Sedative, hypnotic or anxiolytic abuse, uncomplicated (use disorder, mild)
- 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

#### Stimulants (eg, Caffeine, Amphetamines)

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

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

Nicotine (eg, Cigarettes)

**F17.200** Nicotine dependence, unspecified, uncomplicated (tobacco use disorder, mild, moderate, severe)

**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

**F17.218-** Nicotine dependence, cigarettes, with

### 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.

**G47.9** Sleep disorder, unspecified

**H90.0** Conductive hearing loss, bilateral

**H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side

**H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

**K11.7** Disturbance of salivary secretions

**K59.00** Constipation, unspecified

**N39.44** Nocturnal enuresis

**R10.0** Acute abdomen pain

**R11.11** Vomiting without nausea

**R11.2** Nausea with vomiting, unspecified

**R19.7** Diarrhea, unspecified

**R21** Rash, NOS

**R25.0** Abnormal head movements

**R25.1** Tremor, unspecified

**R25.3** Twitching, NOS

**R25.8** Other abnormal involuntary movements

**R25.9** Unspecified abnormal involuntary movements

**R27.8** Other lack of coordination (excludes ataxia)

**R27.9** Unspecified lack of coordination

**R41.83** Borderline intellectual functioning

**R42** Dizziness

**R48.0** Alexia/dyslexia, NOS

**R51** Headache

**R62.0** Delayed milestone in childhood

**R62.52** Short stature (child)

**R63.3** Feeding difficulties

**R63.4** Abnormal weight loss

**R63.5** Abnormal weight gain

**R68.2** Dry mouth, unspecified

**T56.0X1A** Toxic effect of lead and its compounds, accidental (unintentional), initial encounter

### 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.

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|                |                                                                                                                                       |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Z13.89</b>  | Encounter for screening for other disorder                                                                                            |
| <b>Z55.0</b>   | Illiteracy and low-level literacy                                                                                                     |
| <b>Z55.2</b>   | Failed school examinations                                                                                                            |
| <b>Z55.3</b>   | Underachievement in school                                                                                                            |
| <b>Z55.4</b>   | Educational maladjustment and discord with teachers and classmates                                                                    |
| <b>Z55.8</b>   | Other problems related to education and literacy                                                                                      |
| <b>Z55.9</b>   | Problems related to education and literacy, unspecified<br>( <b>Z55</b> codes exclude those conditions reported with <b>F80-F89</b> ) |
| <b>Z62.0</b>   | Inadequate parental supervision and control                                                                                           |
| <b>Z60.4</b>   | Social exclusion and rejection                                                                                                        |
| <b>Z60.8</b>   | Other problems related to social environment                                                                                          |
| <b>Z60.9</b>   | Problem related to social environment, unspecified                                                                                    |
| <b>Z62.21</b>  | Foster care status (child welfare)                                                                                                    |
| <b>Z62.6</b>   | Inappropriate (excessive) parental pressure                                                                                           |
| <b>Z62.810</b> | Personal history of physical and sexual abuse in childhood                                                                            |
| <b>Z62.811</b> | Personal history of psychological abuse in childhood                                                                                  |
| <b>Z62.820</b> | Parent-biological child conflict                                                                                                      |
| <b>Z62.821</b> | Parent-adopted child conflict                                                                                                         |
| <b>Z62.822</b> | Parent-foster child conflict                                                                                                          |
| <b>Z63.72</b>  | Alcoholism and drug addiction in family                                                                                               |
| <b>Z63.8</b>   | Other specified problems related to primary support group                                                                             |
| <b>Z65.3</b>   | Problems related to legal circumstances                                                                                               |
| <b>Z71.89</b>  | Counseling, other specified                                                                                                           |
| <b>Z71.9</b>   | Counseling, unspecified                                                                                                               |
| <b>Z72.0</b>   | Tobacco use                                                                                                                           |
| <b>Z77.011</b> | Contact with and (suspected) exposure to lead                                                                                         |
| <b>Z79.899</b> | Other long term (current) drug therapy                                                                                                |
| <b>Z81.0</b>   | Family history of intellectual disabilities (conditions classifiable to <b>F70–F79</b> )                                              |
| <b>Z81.8</b>   | Family history of other mental and behavioral disorders                                                                               |
| <b>Z83.2</b>   | Family history of diseases of the blood and blood-forming organs (anemia) (conditions classifiable to <b>D50-D89</b> )                |
| <b>Z86.2</b>   | Personal history of diseases of the blood and blood-forming organs                                                                    |
| <b>Z86.39</b>  | Personal history of other endocrine, nutritional and metabolic disease                                                                |
| <b>Z86.59</b>  | Personal history of other mental and behavioral disorders                                                                             |
| <b>Z86.69</b>  | Personal history of other diseases of the nervous system and sense organs                                                             |
| <b>Z87.09</b>  | Personal history of other diseases of the respiratory system                                                                          |
| <b>Z87.19</b>  | Personal history of other diseases of the digestive system                                                                            |
| <b>Z87.798</b> | Personal history of other (corrected) congenital malformations                                                                        |
| <b>Z87.820</b> | Personal history of traumatic brain injury                                                                                            |
| <b>Z91.128</b> | Patient's intentional underdosing of medication regimen for other reason (report drug code)                                           |
| <b>Z91.138</b> | Patient's unintentional underdosing of medication regimen for other reason (report drug code)                                         |
| <b>Z91.14</b>  | Patient's other noncompliance with medication regimen                                                                                 |
| <b>Z91.19</b>  | Patient's noncompliance with other medical treatment and regimen                                                                      |
| <b>Z91.411</b> | Personal history of adult psychological abuse                                                                                         |

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

★ Indicates CPT allows as a telemedicine service

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