



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

Physician Evaluation & Management Services

Outpatient

★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 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 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.

★+99354 Prolonged physician services in office or other outpatient setting, with direct patient contact; first hour (use in conjunction with time-based codes **99201-99215, 99241-99245, 99301-99350**)

★+99355 each additional 30 min. (use in conjunction with **99354**)

- Used when a physician 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.

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.

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.

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★ Allowed to be reported as a telemedicine service per CPT

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- 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. For purposes of this fact sheet, this refers only to codes 99201-99215, 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, face-to-face time for **outpatient** services (eg, office) 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. For reporting 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 (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 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

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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-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

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.

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 lipid 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

Z77.22 Exposure to environmental tobacco smoke

Z77.29 Contact with and (suspected) exposure to other hazardous substances (e-cigarette/vaping exposure)

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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

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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

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- T40.0X-** Opium
- T40.1X-** Heroin
- T40.2X-** Opioids (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

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- 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
- 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
- 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

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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
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

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- 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

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

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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 prevent future illness you cannot report a "sick" E/M services based on time spent, in addition to the preventive medicine service.

Vignette #2

A mother brings her 5-year old son in for sudden onset of wheezing. You diagnose an acute exacerbation of his moderate persistent asthma and initiate nebulizer treatment. His mother admits to being a 1.5 pack per day smoker and has tried to quit smoking in the past without success. You explain to the mother that her smoking has contributed to the exacerbation of the asthma. You give her literature on the various options for smoking cessation and explain the various modalities available to her, including local options such as the state quitline**. You then spend 10 additional minutes face to face discussing the relative risks and benefits of each. Overall face-to-face time is 20 minutes. You are at a level 4 office visit given the key components.

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. Since counseling does take up 50% of the total face-to-face time, you can use it to report your E/M service, however, the 20 minutes would only lead you to a 99213. Since your key components support the higher level, report the 99214.

Vignette #3

You are evaluating a teenager (16 year-old) that has come for a sports physical examination and yearly check-up. On review of systems, she admits to some shortness of breath on exertion. Direct questioning reveals that she smokes 5-6 cigarettes a day and has also experimented with smokeless tobacco. She began smoking when her parents got divorced as it helped her cope with the depression she was feeling at that time. Since then, she has continued to smoke as she has heard that stopping smoking could cause her to gain weight. She is concerned, however, as she knows that smoking is bad for her health and could cause respiratory problems. You confirm that smoking has been shown to be detrimental to general health, and especially to the respiratory system. You briefly discuss options to assist her in stopping smoking. You then refer her to counseling for the depression as well as smoking cessation. 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.

+ 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

Vignette #4

You see a 15 year-old boy in the after-hours clinic for his third visit in two months for an upper respiratory tract infection. He is an otherwise healthy boy with no chronic medical problems. However, this time, he has developed a persistent cough and shortness of breath when he plays soccer. You ask his parents to leave the room and discover that he has been smoking a pack of cigarettes a day for the past two years. He started when he started a new high school, as he wanted to fit in with the popular boys. A spirometry is performed. You find that his tidal volume is decreased by 15% and he has some rhonchi. A chest X-ray is negative for pneumonia. You explain to the boy 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 tell him about the various smoking cessation programs available in the county and answer his questions about options that he would be able to obtain without his parents' knowledge. You spend 40 minutes face to face total, with 20 minutes in 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.

Vignette #5

You are evaluating a male adolescent (15 year old) patient that has come for his yearly routine visit. When asking about substance use, he offers that he experimented with e-cigarettes within the past month. He denies traditional cigarette use, offering that he would never use such a product because he cares about his health. You congratulate that patient for caring about his health and avoiding cigarette use. You then spend 10 minutes informing him of the potential health hazards related to e-cigarettes, focusing on both the highly addictive and toxic nature of nicotine. You 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, you discharge 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.

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Her husband is a smoker too and smokes 2 packs a day. You explain to the mother that smoking is very harmful, especially to the lungs of a newborn. You spend 15 minutes face to face explaining the various complications of smoking including asthma, recurrent upper respiratory infections, and ear infections. You explain to her that merely smoking outside the baby's room would not eliminate the risk as she would be exposed to nicotine through breast milk which could lead to irritability and decreased sleep. You explain the various options for smoking cessation and give her literature to share with her husband for the same. 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 Z81.2 Family history of tobacco abuse and dependence Z71.89 Counseling, other specified

Vignette #7

You see an infant admitted in the hospital for his second episode of wheezing in the last three months. He is the only child and does not attend day care. Both parents smoke in the house and in the car. He has had three ear infections in the last six months and is being considered for tube placements by his pediatrician. As part of the management of the infant you discuss the increased risk of ear infections and frequent respiratory symptoms, amongst others, as a consequence of their smoking. You assess their willingness to quit smoking and assist 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?

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 Z81.2 Family history of tobacco abuse and dependence Z71.89 Counseling, other specified

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