Coding for Pediatric Preventive Care, 2019

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
A stable chronic condition (whether addressed or not) would not warrant the use of an “abnormal finding” code.

Counseling, Risk Factor Reduction, and Behavior Change Intervention Codes

- Used to report services provided for the purpose of promoting health and preventing illness or injury.
- They are distinct from other E/M services that may be reported separately when performed. However, one exception is you cannot report counseling codes (99401–99404) in addition to preventive medicine service codes (99381–99385 and 99391–99395).
- Counseling will vary with age and address such issues as family dynamics, diet and exercise, sexual practices, injury prevention, dental health, and diagnostic or laboratory test results available at the time of the encounter.
- Codes are time-based, where the appropriate code is selected according to the approximate time spent providing the service. Codes may be reported when the midpoint for that time has passed. For example, once 8 minutes are documented, one may report 99401.
- Extent of counseling or risk factor reduction intervention must be documented in the patient chart to qualify the service based on time.
- Counseling or interventions are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.
Cannot be reported with patients who have symptoms or established illness.

For counseling individual patients with symptoms or established illness, report an office or other outpatient service code (99201–99215) instead.

For counseling groups of patients with symptoms or established illness, report 99078 (physician educational services rendered to patients in a group setting) instead.

PREVENTIVE MEDICINE, COUNSELING

CPT® Codes

99401  Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes

99402  approximately 30 minutes

99403  approximately 45 minutes

99404  approximately 60 minutes

99411  Preventive medicine counseling or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 minutes

99412  approximately 60 minutes

ICD-10-CM Codes for Preventive Counseling

The diagnosis codes reported for preventive counseling will vary depending on the reason for the encounter.

Remember that the patient cannot have symptoms or established illness; therefore, the diagnosis codes reported cannot reflect symptoms or illnesses.
Examples of some possible diagnosis codes include

- **Z28.3** Under immunized status (Also include an additional code, eg, Z28.82 [caregiver refusal].)
- **Z71.3** Dietary surveillance and counseling
- **Z71.82** Exercise counseling
- **Z71.89** Other specified counseling
- **Z71.9** Counseling, unspecified

**BEHAVIOR CHANGE INTERVENTIONS, INDIVIDUAL**

- Used only when counseling a patient on smoking cessation (99406, 99407).
- If counseling a patient’s parent or guardian on smoking cessation, do not report these codes (99406, 99407) under the patient; instead, refer to preventive medicine counseling codes (99401–99404) if the patient is not currently experiencing adverse effects (eg, illness), or include under the problem-related E/M service (99201–99215).
- Codes 99406–99409 may be reported in addition to the preventive medicine service codes.

- **99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- **99407** intensive, greater than 10 minutes
- **99408** Alcohol or substance (other than tobacco) abuse structured screening (eg, Alcohol Use Disorder Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services; 15 to 30 minutes
- **99409** greater than 30 minutes
ICD-10-CM Codes for Risk Factor Reduction and Behavior Change Interventions

F10.10 Alcohol abuse, uncomplicated
F11.10 Opioid abuse, uncomplicated
F12.10 Cannabis abuse, uncomplicated
F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.90 Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F15.90 Other stimulant use, unspecified, uncomplicated
F16.90 Hallucinogen use, unspecified, uncomplicated
Z71.41 Alcohol abuse counseling and surveillance of alcoholic
Z71.51 Drug abuse counseling and surveillance of drug abuser
Z71.6 Tobacco abuse counseling
Z87.891 Personal history of nicotine dependence
Z91.89 Other specified personal risk factors, presenting as hazards to health not elsewhere classified

Other Preventive Medicine Services

ORAL HEALTH

CPT® Code

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

Refer to pages 17 and 18 for definition of qualified health care professional.
Z30.46 Encounter for surveillance of implantable subdermal contraceptive
Z30.49 Surveillance of other contraceptives

HEALTH RISK ASSESSMENTS

CPT® Codes

96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument (eg, CRAFFT)

96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

NOTE: Code 96161 can be reported for a postpartum screening administered to a mother as part of a routine newborn check but billed under the baby’s name. Link to ICD-10-CM code Z00.121 or Z00.129 for normal screening results during a routine well-baby examination. Do not report ICD-10-CM code Z13.31 or Z13.32 under the baby, as those are only for the maternal record.

❖ Used to report administration of standardized health risk assessment instruments on the patient (96160) or a primary caregiver (eg, parent) on behalf of the patient (96161). Code 96161 requires that the questions and answers relate to the primary caregiver’s health and behaviors, not the patient’s.
For newborn hearing screenings for young patients, including those patients who are nonverbal or have developmental delays, other hearing assessment methods may be more appropriate (refer to CPT codes 92558 and 92585–92588).

Codes Z01.10 (encounter for examination of ears and hearing without abnormal findings) and Z01.118 (encounter for examination of ears and hearing with other abnormal findings) are reported only when a patient presents for an encounter specific to ears and hearing, not for a routine well-child examination at which a hearing screening is performed.

Failed hearing screenings will most likely result in a follow-up office visit (eg, 99212–99215). Code Z01.110 (encounter for hearing examination following failed hearing screening) is reported when a specific disorder cannot be identified or when the follow-up hearing screening findings are normal. You can also report Z01.118 (encounter for examination of ears and hearing with other abnormal findings) and include the code for the abnormal findings (eg, R94.120 [abnormal auditory function study]).

DEVELOPMENTAL/AUTISM SCREENING
AND EMOTIONAL/BEHAVIORAL ASSESSMENT

<table>
<thead>
<tr>
<th>CPT* Codes</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>96110</td>
<td>• Z13.41 Encounter for autism screening</td>
</tr>
<tr>
<td></td>
<td>• Z13.42 Encounter for screening for global developmental delays (milestones)</td>
</tr>
<tr>
<td>96127</td>
<td>Z13.831 Encounter for screening for depression</td>
</tr>
</tbody>
</table>

Developmental screening, per instrument, scoring and documentation

Brief emotional/behavioral assessment (eg, depression inventory) with scoring and documentation, per standardized instrument
Used to report administration of standardized developmental/autism screening instruments (96110) or behavioral/emotional assessments (96127).

Often reported when performed in the context of preventive medicine services but may also be reported when screening or assessment is performed with other E/M services (eg, acute illness or follow-up office visits).

Clinical staff (eg, registered nurse) typically administers and scores the completed instrument, while the physician incorporates the interpretation component into the accompanying E/M service.

When a standardized screening or assessment is administered along with any E/M service (eg, preventive medicine service), both services should be reported, and modifier 25 (significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) may need to be appended to the E/M code to show the E/M service was distinct and necessary at the same visit.

Examples of both 96110 and 96127 instruments can be found online at https://www.aap.org/en-us/Documents/coding_factsheet_developmentalscreeningtesting andEmotionalBehvioraassessment.pdf.

**Immunizations**

**IMMUNIZATION ADMINISTRATION**

**Pediatric Immunization Administration Codes**

90460 Immunization administration (IA) through 18 years of age via any route of administration, with