



# TeenScreen Primary Care

## Guide to Coding and Payment

TeenScreen<sup>®</sup> ✓ Primary Care

TeenScreen<sup>®</sup> ✓ National Center for  
Mental Health Checkups  
at Columbia University



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# Overview

This Guide Coding and Payment is designed to give primary care providers (PCPs) helpful information about coding and obtaining payment for screening and addressing/ managing mental health in the primary care office. It includes relevant codes that may be used to bill for time spent addressing mental health with adolescent patients. It also provides suggestions for combinations of codes that can be used when offering mental health screening during routine office visits. Please note that this information is designed to provide helpful tips for obtaining payment through a number of insurance carriers, but that these codes are not guaranteed to work with all payers.

It is recommended that PCPs consult with their office's coding and billing staff to determine the combination of codes that will work best for screening and providing mental health services. It is also suggested that the billing office reach out to the health plans the provider participates in to inquire about whether they provide payment for mental health screening and, if so, to clarify with the health plans what coding procedures should be followed. The information provided in this section can be shared with health plans to see if they accept the codes in this guide.

## TeenScreen and American Academy of Pediatrics Webinar Series

The TeenScreen National Center has partnered with the American Academy of Pediatrics to offer a series of webinars on addressing mental health in primary care. The topics of the webinars vary however many touch on coding and payment for addressing and managing the mental health of adolescent patients. Some of the information in this guide is compiled from expert guidance and testimony presented during selected webinars (see below). For more information, please visit the "Resources" section of this guide in the Appendix.

### Featured Webinars:

- **On the Front Line: How Pediatricians Can Improve Teen Mental Health**  
November 30, 2010  
<http://www.teenscreen.org/library/events-webinars/on-the-front-line-how-pediatricians-can-improve-teen-mental-health>
- **Priorities and Practicalities: Obtaining Payment for Mental Health Services In the Pediatric Office**  
January 27, 2011  
<http://www.teenscreen.org/library/events-webinars/making-adolescent-mental-health-a-priority-payment>

### Featured Expert Speakers:

- **Jane Meschan Foy, MD, FAAP**, professor of pediatrics and coordinator of the Integrated Primary Care Mental Health (MH) Program for the Northwest Area Health Education Center at Wake Forest University School of Medicine.
- **Kelly J. Kelleher, MD, MPH**, Director of the Center for Innovation in Pediatric Practice at the Research Institute at Nationwide Children's Hospital and Professor, Department of Pediatrics, The Ohio State University College of Medicine.
- **Lynn M. Wegner, MD**, Associate Professor of Pediatrics, Developmental and Behavioral Pediatrics, the University of North Carolina, Chapel Hill.
- **Thomas K. McInerney, MD**, Associate Chair for Clinical Affairs and Professor of Pediatrics, University of Rochester Medical Center/Golisano Children's Hospital at Strong.

# Codes Relevant to Addressing Mental Health in Primary Care

Mental health assessments and discussions about mental health with patients and families can be time and resource intensive. Below are a number of codes that may be used to bill for mental health related issues:

## Preventive Medicine Service Codes

These codes are typically used for annual well-child visits and may be used in combination with other codes for mental health screening.

New Patients	Established Patients
99383 (5–11 years old)	99393 (5–11 years old)
99384 (12–17 years old)	99394 (12–17 years old)
99385 (18+)	99395 (18+)

## Screening and Assessment Codes

The following are codes that are relevant to screening and assessment:

### 96110: Standardized, Developmental Testing/ Screening; limited with interpretation and report

96110 is an appropriate code to use for routine mental health/ depression screening offered to adolescent patients. This code is often reported when performed in the context of preventative medicine services, but may also be reported when screening is performed with other evaluation and management (E/M) services. When a limited screening test is performed along with any E/M service, both services should be reported and a modifier 25 should be appended to the E/M code (see E/M section below).

- ▶ When using 96110, the expectation is that the screening tools will be completed by a non-physician staff member and reviewed by the physician; meant to cover the practice costs only (and not physician time).
- ▶ 96110 can be reported in addition to E/M services provided on the same data with a modifier.
- ▶ Medicaid may not pay for multiple units of 96110.
- ▶ At this time, 96110 is the only CPT code available for the non-interactive screening and rating scales used for mental health care
- ▶ Use one unit of 96110 for each individual screening questionnaire or rating scale administered, scored and interpreted.

### 96111: Standardized, Developmental Testing/ Screening

This code is used when developmental testing is extended with

interpretation and report. This code is most often used when screening/ testing younger patients for developmental disorders.

### 99420: Health Risk Assessment

May be used for the administration and interpretation of a health risk assessment instrument.

### 96116: Neurobehavioral status examination

### 96120: Neuropsychological testing

By computer with qualified health care professional interpretation and report.

## Evaluation and Management (E/M) Codes and Mental Health Visits

- ▶ **Bill based on level of complexity** – history, physical exam (PE), medical decision making (MDM). Clues to higher levels of decision making: high-risk for morbidity (e.g., autism, bipolar, depression, etc), laboratory or other diagnostic tests requiring review, extensive differential diagnosis.
- ▶ **Bill based on time** – only if counseling and coordination of care > 50% of visit.

## Counseling and Care Coordination

Initial assessment involves time to determine the differential diagnosis and potential treatment options. When counseling and/ or coordination of care accounts for more than 50% of the physician-patient and/ or family encounter, time may be considered the controlling factor to qualify for a particular level of E/M service (note – this does not include screening time; screening is reported separately with a modifier). In these cases, the three key components of history, PE and MDM may be ignored (only time is used to select the level of care).

New Patients	Established Patients
99201 (10 minutes) (level 1 complexity)	99211 (5 minutes)
99202 (20 minutes) (level 2 complexity)	99212 (10 minutes)
99203 (30 minutes) (level 3 complexity)	99213 (15 minutes)
99204 (45 minutes) (level 4 complexity)	99214 (25 minutes)
99205 (60 minutes) (level 5 complexity)	99215 (40 minutes)

Clinicians must keep careful records of the total time spent with the patient and the amount of that time spent in counseling or care coordination, as well as a summary of issues discussed. Proper documentation of the visit is critical to justifying the use of E/M codes.

## How to Code for Counseling and Care Coordination:

- ▶ May be used when the patient is present or when counseling a parent when the patient is not physically present
- ▶ Document the discussion's topic
- ▶ When time spent in counseling and/or care coordination is over 50% of face-to-face time, CPT says you shall use this as the critical factor to qualify for a particular E/M service level
- ▶ Pediatrician spends the majority of parent-only conference on counseling code based on time
- ▶ Time-based coding also may be used for follow-up appointments to discuss management of common medication side-effects such as appetite and/or sleep changes, behaviors requiring environmental changes rather than medication adjustment

## Documentation Requirements to Bill Based on Time

- ▶ The total length of time of the encounter should be documented and the record should describe the counseling and/or activities to coordinate care
- ▶ The medical record must reflect the extent of counseling and/or coordination of care
- ▶ Resident/NP/PA face-to-face time cannot be included (except under specialty specific Medicaid contracts)
- ▶ It is a good idea to note in a separate paragraph what documentation is supporting the counseling/coordination of care; this will make it easy to justify the time spent

Example:

Physician spends 25 minutes face-to-face with an established patient: 15 of those minutes are spent in counseling or care coordination. 25 minutes is the typical duration of code 99214. Because more than 50% of that time was spent in counseling or care coordination, the clinician could use 99214 regardless of the history, physical examination, or medical decision-making provided during that encounter.

## Modifiers

Modifiers are a two-digit suffix that are appended to a CPT code; when using modifiers, the medical record must support their use. *Not all modifiers are recognized by all payers.*

### Modifier 25

Modifier 25 tells insurers that the particular visit is different; it should be added to the office/ outpatient visit to indicate that a significant, separately identifiable E/M service was performed in addition to the preventive medicine visit. The additional work above and beyond the work of the preventive medicine visit should be reflected in the additional E/M code.

### Modifier 76

Repeat procedure or service by the same physician or other qualified health professional subsequent to the original procedure or service. This modifier is appended to the procedure, not the E/M service. It tells the payer that this is not a duplicate service. The repeat procedure may be performed on different days.

### Modifier 59

Modifier 59 can be used to identify distinct and independent procedures that are not normally performed together but do occur appropriately on the same date of service. It indicates the procedure was distinct from the other procedures performed on that same date of service. Only use Modifier 59 if it best explains the circumstances and no other, more descriptive modifier is available (Modifier 59 is the modifier of "last resort," according to the American Academy of Pediatrics Coding for Pediatrics Manual). Do not append modifier 59 to an E/M code and do not use in place of modifier 25.

E/M Complexity and MH Visits					
New/ Consult Outpatient Visit					
Level of Visit	1	2	3	4	5
<b>New</b>	99201 (10)	99202 (20)	99203 (30)	99204 (45)	99205 (60)
<b>Consult</b>	99241 (15)	99242 (30)	99243 (40)	99244 (60)	99245 (80)
<b>History</b>	1 HPI	1 HPI 1 ROS	4 HPI 2 ROS 1 PFSH	4 HPI 10 ROS 3 PFSH	4 HPI 10 ROS 3 PFSH
<b>Physical Exam</b>	1 system or area (brief)	2 systems /areas(brief)	1 system detailed and 1 area (brief)	8 systems OR complete exam of 1 system	8 systems OR complete exam of 1 system
<b>MDM</b>	Minimal	Minimal	Low	Moderate	High
<ul style="list-style-type: none"> <li>• Meet level in all <b>THREE</b> components (History, Physical Exam, MDM) *</li> <li>• <b>Time:</b> Total face to face time: <i>"&gt;50% of the visit spent in counseling and coordination of care"</i></li> </ul>					

Slide taken from "Priorities and Practicalities: Obtaining Payment for Mental Health Services in the Pediatric Office," presented January 27, 2011.

## Using 96110 with E/M and Modifier

- ▶ Use one unit for each individual screening questionnaire or rating scale administered, scored and interpreted.  
If mother, regular teacher and special ed teacher each completed Vanderbilt Scales, then 3 x 96110.
- ▶ Append modifier -25 to E/M to show the E/M is a separate and identifiable service by the same physician (on the same day of the procedure) from the procedure performed (e.g., 99215-25, 96110).
- ▶ Alternatively, if the payer does not permit modifier -25: Append modifier -59 (distinct procedural service) to 96110 to show the services were separate and necessary at the same visit.

## Non Face-to-Face Services

### Telephone Care

9944x: Telephone E/M service provided by a physician to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appt.

99441: 5-10 min. medical discussion

99442: 11-20 min. medical discussion

99443: 21-30 min. medical discussion

- Telephone care levels may represent three levels of complexity – need to document this to support charge.
- Documentation should:
  - ▶ Be thorough
  - ▶ Fulfill the need for continuity of care
  - ▶ Describe the complexity of the call
  - ▶ Meet the requirements of the typical E/M visit
  - ▶ A general note including the key elements of history and medical decision-making
  - ▶ Time spent on call

### Care Plan Oversight

Recurrent physician supervision of a complex patient or patient who requires multidisciplinary care and ongoing physician involvement.

99339: 15-29 minutes/month

99340: Greater than 30 minutes/month

- Non face-to-face
- Reflect the complexity and time required to supervise the care of the patient
- Reported separately from E/M services
- Reported by the MD who has the supervisory role in the patient's care or is the sole provider
- Reported based on the amount of time spent/calendar month
- Services less than 15 minutes reported for the month should not be billed

## Services Might Include:

- 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 care) for purposes of assessment or care decisions w/ healthcare professionals, family members, legal guardians or caregivers involved in patient care
- Integration of new information into the medical treatment plan and/or adjustment of medical treatment
- Attendance at team conferences/meetings

## Team Conferences

99367: Medical Team Conference w/ interdisciplinary team of healthcare professionals

- Participation by physician
- Patient and/or family NOT present
- If patient/family present, report attendance w/ appropriate E/M service based on time
- ≥ 30 minutes
- If you include attendance at a meeting as part of the time on home care plan oversight, do not submit a separate bill.

## Substance Use Screening Codes

99408 – Alcohol or substance (other than tobacco) abuse – structured screening and brief intervention (SBI) services; 15 to 30 minutes.

99409 – Alcohol or substance (other than tobacco) abuse structured screening brief intervention services; greater than 30 minutes.

## Consultation Codes

99241-99245 – the key components that must be present to use consultation codes are as follows:

- REQUEST for consultation is made and documented in the chart.
- Consulting clinician RENDERS an opinion or advice back to the requesting source.
- Consulting clinician provides a written REPORT back to the requesting source.
- Source of request examples: school personnel, another colleague in the same practice, a therapist, a nurse practitioner, an attorney
- 3 key components—history, physical examination, and medical decision-making—must be performed and documented.

## Other Relevant Codes

S0302 – Completed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service (List in addition to code for appropriate E/M service).

## Relevant ICD-9 (Diagnosis) Codes – Understanding Diagnostic Coding

- ICD-9 codes must be the most specific
- ICD-9 codes selected as the #1 diagnosis must describe in detail the condition necessitating the visit
- The diagnosis code does not determine the level of E/M service
- V-codes are usually accepted as a secondary diagnosis but can be problematic as the primary diagnosis
  - ▶ 799.9 – other, unknown and unspecified cause (undiagnosed disease, not specified as to site or system involved; unknown cause of morbidity or mortality)
  - ▶ V20.2 – well-child, preventative health visits
  - ▶ V79.8 – special screening exam for mental disorders and developmental handicaps
  - ▶ V40.0 – mental and behavioral health problems

*See Appendix C for a comprehensive list of ICD-9 codes related to mental health conditions, co-morbid conditions, etc.*

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## Federal Policy Changes Will Expand Access to Mental Health Screening and Follow-Up Services

Beginning this year, the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 will significantly expand access to mental health and substance abuse services. MHPAEA requires that large group health plans offering coverage for mental health and substance abuse services to do so in a way that creates an equal footing with medical/surgical coverage. In other words, the traditionally more restrictive limitations on coverage for mental health and substance abuse services are no longer permitted. This applies to both financial requirements, i.e., co-pays and deductibles, as well as to treatment limitations, such as visit limits or medical management techniques. MHPAEA protections went into effect in 2009. However, regulations detailing how to comply with the law were not released until 2010 and did not go into effect for most plans until the start of the new plan year on January 1, 2011. Enhanced access to mental health and substance abuse services can be expected now that the regulations are in force.

Signed into law on March 23, 2010, the Affordable Care Act (ACA) has expanded access to health coverage and extended numerous, new consumer protections. Several provisions will specifically address access to mental health screening and necessary follow-up services. For example, the ACA requires that all new health plans offer a recommended set of preventive services to beneficiaries without cost-sharing. These free preventive services must include all screenings recommended by the U.S. Preventive Services Task Force, including adolescent depression screening. Health care reform also established mental health services as an essential benefit for new health plans and extended federal mental health parity protections to new types of plans. Taken together, these provisions will significantly expand access to mental health screening and services.

## Appendix A Sample Coding Sheet to Share with Billing Staff

Type of Visit	CPT Codes for Well-Child Visit		E/M Codes Based on Time		Modifier	ICD-9 Codes	Developmental Screening Code
Annual Well-Child Exam with Mental Health Screening	99393	5-11 est. patient	99211	5 minutes; est. patient	25	<b>V20.2</b> – well-child/preventative health visits  <b>V79.8</b> – special screening exam for mental disorders and developmental handicaps (negative screening)  <b>V40.0</b> – mental and behavioral health problems (positive screening)	96110
	99394	12-17 est. patient	99212	10 minutes; est. patient			
	99395	18+ est. patient	99213	15 minutes; est. patient			
	99383	5-11 new patient	99214	25 minutes; est. patient			
	99385	18+ new patient	99215	40 minutes; est. patient			
			99201	10 minutes; new patient			
			99202	20 minutes; new patient			
			99203	30 minutes; new patient			
			99204	45 minutes; new patient			
	<i>These well-child codes may be used in conjunction with codes for mental health screening</i>		<i>Can be used if counseling and care coordination &gt; 50% of the office visit time</i>				

Type of Visit	CPT Codes (E/M Codes Based on Time)		Modifier	ICD-9 Codes	Developmental Screening Code
Routine Office Visit with Mental Health Screening	99211	5 minutes; est. patient	25	<b>V79.8</b> – special screening exam for mental disorders and developmental handicaps (negative screening)  <b>V40.0</b> – mental and behavioral health problems (positive screening)	96110
	99212	10 minutes; est. patient			
	99213	15 minutes; est. patient			
	99214	25 minutes; est. patient			
	99215	40 minutes; est. patient			
	99201	10 minutes; new patient			
	99202	20 minutes; new patient			
	99203	30 minutes; new patient			
	99204	45 minutes; new patient			
	99205	60 minutes; new patient			
<i>Can be used if counseling and care coordination &gt; 50% of the office visit time</i>		<i>Modifier 25 should append the E/M Codes and not the developmental screening code.</i>			

## Appendix B Resources and References

### American Academy of Pediatrics (AAP) Coding Hotline

- [aapcodinghotline@aap.org](mailto:aapcodinghotline@aap.org)
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### AAP Coding Fact Sheets for Primary Care Clinicians –Available on AAP Member Center

- Developmental Screening and Testing
  - Anxiety
  - Bereavement
  - Depression
  - Inattention, Impulsivity, Disruptive Behavior, and Aggression
  - Post-traumatic Stress Disorder
  - Substance Use/Abuse
  - 2010 AAP Coding Fact Sheet for Pediatric Preventive Care - <http://brightfutures.aap.org/pdfs/Preventive%20Care%20Coding%20Manual%202010.pdf>
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### State AAP Chapters – many can offer assistance with local coding procedures and practices

- <http://www.aap.org/member/chapters/chaplist.cfm>
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### Commercial Pediatric Coding Newsletters

- American Academy of Pediatrics, Pediatric Coding Companion
  - The Coding Institute. Pediatric Coding Alert.
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### Web Sites

- Web site of the AAP section on Developmental and Behavioral Pediatrics with coding information specific to developmental and behavioral care for children - [www.dbpeds.org](http://www.dbpeds.org)
- Web site of the American Academy of Child and Adolescent Psychiatry with coding information - [www.aacap.org](http://www.aacap.org)
- Includes links to the different webinars hosted by the TeenScreen National Center, including those co-sponsored by the American Academy of Pediatrics - <http://www.teenscreen.org/library/events-webinars>

## Appendix C Comprehensive List of Relevant ICD-9 Codes

### Cross Walking Diagnostic Codes: Attention Deficit/Hyperactivity Disorder (DSM)

- 301.11 Chronic hypomanic personality disorder
- 310 Specific nonpsychotic mental disorders due to brain damage
- 310.0 Frontal lobe syndrome
- 310.2 Postconcussion syndrome
- 310.8 Other specified nonpsychotic mental disorders following organic brain damage
- 310.9 Unspecified nonpsychotic mental disorders following organic brain damage
- 314 Hyperkinetic disorder of childhood
- 314.0 Attention deficit disorder
- 314.00 W/out mention of hyperactivity
- 314.01 W/ hyperactivity
- 314.1 Hyperkinesia w/developmental delay
- 314.2 Hyperkinetic conduct disorder
- 314.8 Other specified manifestation of hyperkinetic syndrome
- Unspecified hyperkinetic syndrome
- 331.83 Mild cognitive impairment, so stated
- 348.3 Encephalopathy, NEC
- 760.71 Fetal alcohol effects (FAS)
- 783.42 Delayed milestones
- 799.21 Nervousness
- 799.22 Irritability
- 799.23 Impulsiveness
- 799.29 Other signs and sxs. Involving emotional state
- 799.51 Attention or concentration deficit (no association w/ Attention deficit disorder)
- 799.55 Frontal lobe and executive function deficit
- 799.59 Other signs and sxs. involving cognition
- 970.89 Poisoning by other CNS stimulants
- 995.2 Other and unspecified adverse effect of unspecified drug, medicinal and biologic substance (due) to correct medicinal substance properly administered (“Adverse effects of medication, NOS”)
- 995.20 Unspecified adverse effect of unspecified drug, medicinal and biologic substance

### Cross Walking Diagnostic Codes: Anxiety Disorders (DSM)

- 291.89 Alcohol-induced anxiety disorder
- 292 Sedative, hypnotic or anxiolytic withdrawal
- 292.11 Sedative, hypnotic or anxiolytic-induced psychotic disorder, w/delusions
- 292.12 Sedative, hypnotic or anxiolytic-induced psychotic disorder, w/hallucinations
- 292.81 Sedative, hypnotic or anxiolytic-induced delirium
- 292.83 Sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
- 292.84 Sedative, hypnotic or anxiolytic-induced mood disorder
- 292.85 Sedative, hypnotic or anxiolytic-induced sleep disorder
- 292.89 Sedative, hypnotic or anxiolytic-induced sexual dysfunction
- 292.89 Caffeine-, amphetamine-, cannabis-, cocaine-induced anxiety disorder
- 292.9 Sedative-,hypnotic-, anxiolytic-related disorder, NOS
- 293.84 Anxiety Disorder due to (indicate general medical condition)
- 300.00 Anxiety state, unspecified
- 300.01 Panic disorder, w/out agoraphobia
- 300.02 Generalized anxiety disorder
- 300.09 Other anxiety disorder
- 300.1 Dissociative, conversion and factitious disorders
- 300.10 Hysteria, unspecified
- 300.11 Conversion disorder
- 300.12 Dissociative amnesia

- 300.13 Dissociative fugue
- 300.14 Dissociative identity disorder
- 300.15 Dissociative disorder, or reaction, unspecified
- 300.16 Factitious disorder w/predominately psychological signs and sxs.
- 300.19 Other and unspecified factitious illness
- 300.2 Phobic disorders
- 300.20 Phobia, unspecified
- 300.21 Agoraphobia w/panic disorder
- 300.22 Agoraphobia w/out mention of panic attacks
- 300.23 Social Phobia
- 300.29 Other isolated or specific phobias
- 300.3 Obsessive-compulsive disorders
- 300.4 Dysthymic disorder
- 300.5 Neurasthenia
- 300.6 Depersonalization disorder
- 300.7 Hypochondriasis
- 300.8 Somatoform disorders
- 300.81 Somatization disorder
- 300.82 Undifferentiated somatoform disorder
- 300.89 Other somatoform disorders
- 300.9 Unspecified nonpsychotic mental disorder
- 301.10 Affective personality disorder
- 304.10 Sedative, hypnotic or anxiolytic dependence
- 305.40 Sedative, hypnotic or anxiolytic abuse
- 307.54 Vomiting, psychogenic, unspecified
- 308 Acute reaction to stress
- 308.0 Predominant disturbance of emotions
- 308.1 Predominant disturbance of consciousness
- 308.2 Predominant psychomotor disturbance
- 308.3 Other acute reaction to stress
- 309 Adjustment reaction
- 309.21 Separation anxiety disorder
- 309.22 Emancipation disorder of adolescence and early adult life
- 309.23 Specific academic or work inhibition
- 309.24 Adjustment disorder w/anxiety
- 309.28 Adjustment disorder w/mixed anxiety and depressed mood
- 309.4 Adjustment disorder w/mixed disturbance of emotions and conduct
- 309.81 Post-traumatic stress disorder
- 309.9 Adjustment disorder, unspecified
- 309.24 Adjustment disorder w/anxiety
- 309.28 Adjustment disorder w/mixed anxiety and depressed mood
- 309.4 Adjustment disorder w/mixed disturbance of emotions and conduct
- 309.81 Post-traumatic stress disorder
- 309.9 Adjustment disorder, unspecified
- 310.2 Postconcussion syndrome
- 310.8 Other specified nonpsychotic mental disorders following organic brain damage
- 310.9 Unspecified nonpsychotic mental disorders following organic brain damage
- 313.32 Selective mutism
- 313.9 Unspecified emotional disturbances of infancy, childhood or adolescence, NOS
- 255.6 Meduloadrenal hyperfunction (secondary to pheochromocytoma)
- 327.02 Insomnia due to a mental disorder
- 424.0 Mitral valve prolapse
- 780.51 Sleep disturbance, unspecified
- 780.52 Insomnia, unspecified
- 780.95 Excessive crying of child, adolescent or adult

- 780.9 Other general symptoms
- 780.95 Excessive crying of child, adolescent or adult
- 784.0 Headache, NOS
- 785.0 Tachycardia
- 785.1 Palpitations
- 786.05 Shortness of breath
- 786.50 Chest pain, unspecified
- 788.3 Urinary incontinence
- 789.0 Abdominal pain
- 789.05 Abdominal pain, periumbilic
- 789.06 Abdominal pain, epigastric
- 799.21 Nervousness
- 799.22 Irritability
- 799.23 Impulsiveness
- 799.24 Emotional lability
- 799.29 Other signs and sxs. involving emotional state
- 799.51 Attention or concentration deficit (not associated with ADHD)
- 799.59 Other signs and sxs. involving cognition
- 995.2 Other and unspecified adverse effect of unspecified drug, medicinal and biologic substance (due) to correct medicinal substance properly administered (“Adverse effects of medication, NOS”)
- 995.20 Unspecified adverse effect of unspecified drug, medicinal and biologic substance
- 970.89 Poisoning by other CNS stimulants

#### **Cross Walking Diagnostic Codes: Depressive Disorders (DSM)**

- 296 Episodic mood disorders
- 296.0 Bipolar I disorder, single manic episode
- 296.1 Manic disorder, recurrent episode
- 296.2 Major depressive disorder, single episode
- 296.3 Major depressive disorder, recurrent episode
- 296.4 Bipolar I disorder, most recent episode (or current) manic
- 296.5 Bipolar I disorder, most recent episode (or current) depressed
- 296.6 Bipolar I disorder, most recent episode (or current) mixed
- 296.7 Bipolar I disorder, most recent episode (or current) unspecified
- 296.8 Other and unspecified bipolar disorder
- 296.80 Bipolar disorder, unspecified
- 296.81 Atypical manic disorder
- 296.82 Atypical depressive disorder
- 296.89 Other
- 296.9 Other and unspecified episodic mood disorder
- 296.99 Other specified episodic mood disorder
- 298.0 Depressive type psychosis
- 300.4 Dysthymic disorder
- 301.12 Chronic depressive personality disorder
- 301.13 Cyclothymic personality disorder
- 309.0 Adjustment disorder w/ depressive mood
- 309.1 Prolonged depressive reaction
- 309.28 Adjustment disorder w/ mixed anxiety and depressed mood
- 310.2 Postconcussion syndrome
- 310.8 Other specified nonpsychotic mental disorders following organic brain damage
- 310.9 Unspecified nonpsychotic mental disorders following organic brain damage
- 244 Acquired hypothyroidism
- 245 Thyroiditis
- 280 Iron deficiency anemia
- 780.7 Malaise and fatigue
- 780.71 Chronic fatigue syndrome

- 780.95 Excessive crying of child, adolescent or adult
- 799.2 Signs and sxs. Involving emotional state (excludes anxiety/depression)
- 799.22 Irritability
- 799.24 Emotional lability
- 799.25 Demoralization and apathy
- 799.29 Other signs and sxs. Involving emotional state
- 995.2 Adverse Effects of Medication, NOS
- 995.52 Neglect of child (if focus is on victim)

#### **Other Frequent Co-Morbid Conditions: Prenatal/Perinatal**

- 760.4 Maternal nutritional disorders
- 760.71 Alcohol
- 760.75 Cocaine
- 760.77 Anticonvulsants
- 760.79 Other agents
- 764.90 Intrauterine growth retardation

#### **Other Frequent Co-Morbid Conditions: Symptoms, Signs and Ill-Defined Conditions**

- 307.52 Pica
- 310.1 Personality change due to (secondary to general medical condition) 307.50 Eating disorder, NOS
- 327.02 Insomnia due to a mental disorder
- 536.2 Cyclical vomiting
- 783.0 Anorexia
- 783.1 Abnormal weight gain
- 783.21 Abnormal loss of weight
- 783.22 Abnormal loss of weight and underweight
- 783.3 Feeding problems
- 783.41 Failure to thrive in childhood
- 783.9 Growth/weight evaluation
- 424.0 Mitral valve prolapse
- 692.9 contact dermatitis
- 780.51 Sleep disturbance, unspecified
- 780.52 Insomnia, unspecified
- 780.95 Excessive crying of child, adolescent or adult
- 780.9 Other general symptoms
- 780.95 Excessive crying of child, adolescent or adult
- 783.0 Anorexia
- 783.1 Abnormal weight gain
- 783.21 Abnormal loss of weight
- 783.22 Abnormal loss of weight and underweight
- 783.3 Feeding problems
- 783.41 Failure to thrive in childhood
- 783.9 Growth/weight evaluation
- 784.0 Headache, NOS
- 785.0 Tachycardia
- 785.1 Palpitations
- 786.05 Shortness of breath
- 786.50 Chest pain, unspecified
- 788.3 Urinary incontinence
- 789.0 Abdominal pain
- 789.05 Abdominal pain, periumbilic
- 789.06 Abdominal pain, epigastric
- 799.21 Nervousness
- 799.22 Irritability

- 799.23 Impulsiveness
- 799.24 Emotional lability
- 799.29 Other signs and sxs. involving emotional state
- 799.51 Attention or concentration deficit (not associated with ADHD)
- 799.59 Other signs and sxs. involving cognition
- 995.2 Other and unspecified adverse effect of unspecified drug, medicinal and biologic substance (due) to correct medicinal substance properly administered (“Adverse effects of medication, NOS”)
- 995.20 Unspecified adverse effect of unspecified drug, medicinal and biologic substance
- 970.89 Poisoning by other CNS stimulants

#### **Pertinent V-Codes**

- V11.9 Personal hx. of unspecified mental disorder
- V15.41 Personal hx. of physical abuse (including sexual abuse)
- V15.42 Personal hx. of emotional abuse
- V15.82 Hx. of tobacco use
- V17.0 Family hx. of psychiatric condition
- V40.0 Problems w/learning
- V40.1 Problems w/ communication
- V40.2 Other mental problems
- V40.3 Mental and behavioral problems; other behavioral problems
- V41.2 Problems w/hearing
- V61.08 Family disruption due to extended absence of family member
- V61.20 Counseling for parent/child problem, unspecified
- V61.23 Counseling for parent/biological child problem
- V61.24 Counseling of a parent-adoptive child problem
- V61.25 counseling of a parent(guardian)-foster child problem
- V61.29 Parent/child problems, other
- V61.41 Alcoholism in the family
- V61.42 Substance abuse in the family
- V61.49 Health problems w/family; other
- V61.8 Health problems w/family; other specified family circumstances (eg sibling relational problems)
- V61.9 Health problems w/family; unspecified family circumstances
- V62.0 Other family circumstances; unemployment
- V62.3 Educational circumstances
- V62.4 Social maladjustment
- V62.5 Other psychosocial circumstances; legal circumstances
- V62.81 Interpersonal problems, Not Elsewhere Classifiable (NEC)
- V62.82 Bereavement, uncomplicated
- V62.89 Other psychological or physical stress, borderline intellectual functioning, other –”phase of life problem”
- V62.9 Unspecified psychosocial circumstance
- V65.2 Malingering
- V65.42 Counseling on substance use and abuse
- V65.49 Other specified counseling
- V65.5 Person w/feared complaint in whom no dx was made
- V65.42 Counseling on substance use and abuse
- V65.49 Other specified counseling
- V65.5 Person w/feared complaint in whom no dx was made
- V69.4 Lack of adequate sleep
- V69.5 Behavioral insomnia of childhood
- V71.02 Observation for suspected mental condition; childhood or adolescent antisocial behavior
- V71.09 Other suspected mental condition
- V79.1 Special screening for alcoholism
- V79.2 Special screening for mental retardation
- V79.3 Special screening for developmental delays in childhood
- V79.9 Unspecified mental disorder and developmental handicap
- V80.09 special screening for other neurological disorders