

2016 CODING FOR FETAL ALCOHOL SPECTRUM DISORDERS

Listed below are the most commonly used codes applicable to FASD patient care.

Code	Description
ICD-10-CM	
Primary Diagnosis	
P04.3	Newborn (suspected to be) affected by maternal use of alcohol (Excludes Fetal Alcohol Syndrome)
Q86.0	Fetal alcohol syndrome (dysmorphic)
F06.30	Mood disorder due to known physiological condition, unspecified
P00.4	Newborn (suspected to be) affected by maternal nutritional disorders
P01.9	Newborn (suspected to be) affected by maternal complication of pregnancy, unspecified
G93.4	Encephalopathy, other and unspecified (static)
G96.8	Other specified disorders of central nervous system
G96.9	Disorder of central nervous system, unspecified
Facial Features	
Q11.2	Microphthalmos
R68.89	Other general symptoms and signs (eg, dysmorphic features)
Growth	
R63.6	Underweight
R63.3	Feeding difficulties
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
Development	
R62.50	Lack of expected normal physiological development in childhood, unspecified
R62.0	Delayed milestone in childhood
CNS Abnormality	
G31.84	Mild cognitive impairment, so stated
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Intellectual disabilities, Other specified
F79	Intellectual disabilities, Unspecified
G92	Toxic encephalopathy (code first (T51-T65) to identify toxic agent)
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F94.1	Reactive attachment disorder of childhood
F63.81	Intermittent explosive disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.

F81.9	Developmental disorder of scholastic skills, unspecified
F89	Disorder of psychological development, unspecified
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
F81.0	Specific reading disorder
R48.0	Alexia/dyslexia, NOS
F81.0	Developmental Dyslexia
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R48.9	Symbolic dysfunction, unspecified
R48.0	Alexia/dyslexia, NOS
R48.1	Agnosia
R48.2	Apraxia
R48.3	Visual agnosia
R48.8	Other symbolic dysfunctions
R41.840	Attention and concentration deficit (Excludes attention deficit disorder)
R41.841	Cognitive communication deficit
R41.842	Visuospatial deficit
R41.843	Psychomotor deficit
R41.844	Frontal lobe and executive function deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness
F81.9	Developmental disorder of scholastic skills, unspecified
R46.89	Other symptoms and signs involving appearance and behavior
F48.9	Nonpsychotic mental disorder, unspecified
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out (eg, mental health)



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.

Secondary Diagnosis	
G40-	Epilepsy and recurrent seizures (Code will require 5 th or 6 th digit)
G80-	Cerebral Palsy (Code will require a 4 th digit)
P04-	Newborn (suspected to be) affected by noxious substances transmitted via placenta or breast milk (Code requires 4 th or 5 th digit)
G47.00	Insomnia, unspecified
T74-	Child abuse, neglect and other maltreatment; confirmed (code perpetrator if known)
T76-	Suspected (code perpetrator if known) <i>4th and 5th Digits</i> 02 - Child neglect or abandonment 12 - Child physical abuse 22 - Child sexual abuse 32 - Child psychological abuse 92- Unspecified child maltreatment <i>7th Digit</i> A - initial encounter D - subsequent encounter S - sequela
And	<i>Perpetrator</i>
Y07.11	Biological father
Y07.12	Biological mother
Y07.13	Adoptive father
Y07.14	Adoptive mother
Y07.420	Foster father
Y07.421	Foster mother
T74.4XX-	Shaken infant syndrome (Requires 7 th digit to define encounter – see above)
Z71.89	Other specified counseling
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z55.3	Underachievement in school
Z55.8	Problems related to school and literacy
Z13.89	Encounter for screening for other disorder
Z13.4	Encounter for screening for certain developmental disorders in childhood
Z13.4	Encounter for screening for certain developmental disorders in childhood
Z13.89	Encounter for screening for other disorder
Z13.858	Encounter for screening for other nervous system disorders



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.

Evaluation and Management *Current Procedural Terminology*(CPT®) Codes

99201- New** patient office visit
99205

99211- Established out-patient office visit
99215

99241- Consultation out-patient (new or established)
99245

PROLONGED SERVICES

+99354 Prolonged services w/ patient; initial 30-74 min. (report in addition to time-based E/M)
+99355 Each additional 30 minutes over 74 min. (report with 99354)

99358 Prolonged services, before/after visit, patient/family not present; up to 60 min.
+99359 Each 30 minutes after 60 min. (report with 99358)

+99415 Prolonged clinical staff services; initial 45-74 minutes (report in addition to time-based E/M)

+99416 Each additional 30 minutes (report with 99416)

Modifiers

25 Significant, separately identifiable E/M service by same physician on day of
59 procedure

76 Distinct procedural service

Repeat procedure or service by the same physician

EPSDT Codes

None of the EPSDT codes should require prior authorization

Z00.110 Health examination for newborn under 8 days old

Z00.111 Health examination for newborn 8 to 28 days old

Z00.121 Encounter for routine child health examination with abnormal findings (use
additional code to identify abnormal findings)

Z00.129 Encounter for routine child health examination without abnormal findings

Z00.00 Encounter for general adult medical examination without abnormal findings

Z00.01 Encounter for general adult medical examination with abnormal findings (use
additional code to identify abnormal findings)

Z02.83 Encounter for blood-alcohol and blood-drug test

Z02.9 Encounter for administrative examinations, unspecified

Preventive Service CPT Codes

99381-5 Preventive EPSDT visits for new** patients by age

99391-5 Preventive EPSDT visits for established patients by age



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.

Non-Face-to-Face Services

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.

99487 **Complex chronic care management services**, 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;
- establishment or substantial revision of a comprehensive care plan;
- moderate or high complexity medical decision making;
- 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

+99489 Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (Use in conjunction with **99487**)

Complex chronic care services are reported by the physician or qualified health care professional who provides or oversees the management and coordination of all of the medical, psychosocial, and daily living needs of a patient with a chronic medical condition. Typical pediatric patients

1. receive three or more therapeutic interventions (eg, medications, nutritional support, respiratory therapy)
2. have two or more chronic continuous or episodic health conditions expected to last at least 12 months (or until death of the patient) and places the patient at significant risk of death, acute exacerbation or decompensation, or functional decline
3. commonly require the coordination of a number of specialties and services.

99495 **Transitional care management (TCM) services** with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of at least moderate complexity during the service period
- Face-to-face visit, within 14 calendar days of discharge

99486 **TCM services** with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision-making of high complexity during the service period
- Face-to-face visit, within 7 calendar days of discharge

99367 **Medical Team Conference** w/outpatient or family >30 minutes; physician or other qualified healthcare professional



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.

Other Services

96110	Developmental screening (per standardized instrument)
96111	Developmental testing
96116	Neurobehavioral Status Exam (per hour)
96125	Standardized cognitive performance testing, per hour
96127	Standardized emotional/behavioral assessment (eg, ADHD, depression)
99420	Health risk assessment instrument



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

**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.

Current Procedural Terminology® 2015 American Medical Association. All Rights Reserved.