American Academy of Pediatrics
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Bereavement Coding Fact Sheet for Primary Care Pediatricians

Current Procedural Terminology (CPT®) Codes

Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most pediatricians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor or a consultation code for the initial assessment:

Physician Evaluation & Management Services

★**99202** Office or other outpatient visit, *new* patient; straightforward medical decision making (MDM), 15-29 min.
★**99203** low MDM, 30-44 min.
★**99204** moderate MDM, 45-59 min.
★**99205** high MDM, 60-74 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 (QHP) who may report evaluation and management services reported by a specific CPT code(s) from the physician/QHP or another physician/QHP 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** straightforward MDM, 10-19 min.
★**99213** low MDM, 20-29 min.
★**99214** moderate MDM, 30-39 min.
★**99215** high MDM, 40-54 min.

★+**99417** Prolonged physician services in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with codes **99205, 99215** only*)

- Used only with the highest level E/M services (99205, 99215)
- Time spent does not have to be continuous but must occur on the same day as the face-to-face encounter
- Prolonged service begins at 75 minutes for new patients (99205 and 99417) and 55 minutes for established patients (99215 and 99417)
- Prolonged time can include non-direct services on the same day as the encounter

Reporting E/M services using "Time" vs MDM

- A physician will report their level of E/M service using time **or** MDM
- If reporting based on "time" count all time on the encounter date, including pre- and post service time spent on that patient, even if the patient is not present
- You do not have to meet "time" requirements in the code descriptor to meet a code level if billing based on MDM

★99241 Office or other outpatient *consultation*, new or established patient; self-limited or minor problem, 15 min.
★99242 low severity problem, 30 min.
★99243 moderate severity problem, 45 min.
★99244 moderate to high severity problem, 60 min.
★99245 moderate to high severity problem, 80 min.

+ Codes are *add-on* codes, meaning they are reported separately in addition to the appropriate code for the service provided
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NOTE: Use of these codes (99241-99245) requires the following:
a) Written or verbal request for consultation is documented in the patient chart;
b) Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
c) Consultant's opinion and any services that are performed are prepared in a written report, which is sent to the requesting physician or other appropriate source (*Note:* Patients/Parents may not initiate a consultation)
d)For more information on consultation code changes for 2010 see http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/AAP_Position_Medicare_Consultation_Policy.pdf

★**+99354** Prolonged services in office or other outpatient setting, with direct patient contact; first hour (*use in conjunction with time-based codes 99241-99245, 99324-99337, 99341-99350, 90837*)
★**+99355** each additional 30 min. (*use in conjunction with 99354*)

- Used when a physician or other QHP provides prolonged services beyond the usual service (ie, beyond the typical time).
- Time spent does not have to be continuous.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately. If reporting your E/M service based on time and not key factors (hx, exam, medical decision making), the physician must reach the typical time in the highest code in the code set being reported (eg, 99245) before face-to-face prolonged services can be reported

Physician Non-Face-to-Face Services

Principal, Chronic Care and Complex Chronic Care Management visit this fact sheet.

Online Digital Evaluation and Management Service

These are patient-initiated services with physicians or other qualified health care professionals (QHPs) who are allowed to report E/M services. Online digital E/M services require physician or other QHP's evaluation, assessment, and management of the patient and are not for the nonevaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M. These are more appropriate when dealing with a more minor issue or during a month when you are not coding or providing more robust care thus this time would be reported under another service like care management.

- Patient must be established (problem can be new)
- Services must be initiated through Health Insurance Portability and Accountability Act (HIPAA)-compliant secure platforms
- Reported once for the physician's or other QHP's (including all in the same group practice) cumulative time during a seven-day period
- The seven-day period begins with the physician's or other QHP's initial, personal review of the patient-generated inquiry.
- Online digital E/M services require permanent documentation storage (electronic or hard copy) of the encounter.
- Do not report these codes separately if the patient is seen within 7 days of the service for an issue related to the encounter.
- Your *date of service* will be the date the initiation of the e-visit began or the range of dates it took place because this service is cumulative time over 7 days.

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422 11-20 minutes
99423 21 or more minutes

Telephone Care Services

Telephone care must be initiated by the parent, patient or the guardian. The telephone call cannot be related to an E/M service within the previous 7 days nor can they lead to an appointment within the next 24 hours or soonest available. This is not telehealth or telemedicine. Your *date of service* will be date the phone call takes place.

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99441 Telephone evaluation and management to patient, parent or guardian not originating from a related E/M service within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

Medical Team Conference

99367 Medical team conference by physician with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more

Prolonged Services

99358 Prolonged services without direct patient contact; first hour

+99359 each additional 30 min. (+ designated add-on code, use in conjunction with 99358)

Care Plan Oversight

99339 Care Plan Oversight - Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99340 30 minutes or more

Physician-Directed Non–Face-to-Face Services

Behavioral health integration care management, chronic care management, psychiatric collaborative care management services and transition care management are reported under the directing physician or other qualified health care professional, however, the time requirement can be met by clinical staff working under the direction of the reporting physician or other qualified health care professional. See each code set for details.

For Chronic care and Complex chronic care Management and Transition Care Management (discharge services) see the fact sheet.

Behavioral Health Integration Care Management

99484 Care management services for behavioral health conditions, 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:

- initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- continuity of care with a designated member of the care team.

Tips:

- Reported by the supervising physician or other qualified health care professional.
- The assessment and treatment plan is not required to be comprehensive and the office/practice is not required to

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have all the functions of chronic care management (99487, 99489, 99490).
- May be used in any outpatient setting, as long as the reporting professional has an ongoing relationship with the patient and clinical staff and as long as the clinical staff is available for face-to-face services with the patient.
- Behavioral integration care management (99484) and chronic care management services may be reported by the same professional in the same month, as long as distinct care management services are performed.

Psychiatric Collaborative Care Management Services

99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

99493 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- tracking patient follow-up and progress using the registry, with appropriate documentation;
- participation in weekly caseload consultation with the psychiatric consultant;
- ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers;
- additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant;
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies;
- monitoring of patient outcomes using validated rating scales; and
- relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

+ 99494 Initial or subsequent psychiatric collaborative care management**,** each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)

Psychotherapy

★90832 Psychotherapy, 30 min with patient and/or family;

★+90833 with medical evaluation and management (Use in conjunction with **99201–99255, 99304–99337, 99341–99350)**

★90834 Psychotherapy, 45 min with patient and/or family;

★+90836 with medical evaluation and management services (Use in conjunction with **99201–99255, 99304–99337,**

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99341–99350)

★90837 Psychotherapy, 60 min with patient and/or family;
★+90838 with medical evaluation and management services (Use in conjunction with **99201–99255, 99304–99337, 99341–99350)**

+90785 Interactive complexity (Use in conjunction with codes for diagnostic psychiatric evaluation **[90791, 90792],** psychotherapy **[90832, 90834, 90837],** psychotherapy when performed with an evaluation and management service **[90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350],** and group psychotherapy **[90853])**

- Refers to specific communication factors that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Typical encounters include
    - Patients who have other individuals legally responsible for their care
    - Patients who request others to be present or involved in their care such as translators, interpreters, or additional family members
    - Patients who require the involvement of other third parties such as child welfare agencies, schools, or probation officers

★90846 Family psychotherapy (without patient present)

★90847 Family psychotherapy (conjoint psychotherapy) (with patient present)

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple family group)

- For interactive group psychotherapy, use code **90785** in conjunction with code **90853.**

Other Psychiatric Services/Procedures

★+90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (Use in conjunction with **90832, 90834, 90837)**

- For pharmacologic management with psychotherapy services performed by a physician or other qualified health care professional who may report E/M codes, use the appropriate E/M codes **(99201–99255, 99281–99285, 99304–99337, 99341–99350)** and the appropriate psychotherapy with E/M service **(90833, 90836,90838).**
- Note that code **90862** was deleted.

90887 Interpretation or explanation of results of psychiatric, other medical exams, or other accumulated data to family or other responsible persons, or advising them how to assist patient

90889 Preparation of reports on patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

Screening & Testing

Psychological Testing

96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

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\+ **96131** each additional hour (List separately in addition to code **96130**)

96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

\+ **96137** each additional 30 minutes (List separately in addition to **96136**)

96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Other Qualified Nonphysician Healthcare Professional Services

Telephone Assessment: Nonphysician Healthcare Professional

98966 Telephone assessment and management service provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-30 minutes of medical discussion

Online Digital Evaluation and Management Service

Refer to codes 99421-99423 for more details.

The following codes are reported by nonphysician providers who may independently bill such as physical therapists and psychologists, but are not reported for clinical staff (eg, RN) unless noted in writing by your payer.

98970 Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

98971 11-20 minutes

98972 21 or more minutes

Health Behavior Assessment and Intervention

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)

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*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

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***International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)* Codes**

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- Once a definitive diagnosis is established, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses that are not part of the usual disease course or are considered incidental.

Bereavement

Z63.4 Disappearance and death of family member (*General bereavement encounter)

Depression/Depressive Disorders

F34.1 Dysthymic disorder (depressive personality disorder, dysthymia neurotic depression)
F32.9 Major depressive disorder, single episode, unspecified
F32.A Depression, unspecified

Feeding and Eating Disorders/Elimination Disorders

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

Impulse Disorders

F63.9 Impulse disorder, unspecified

Sleep Disorders

F51.01 Primary insomnia
F51.02 Adjustment insomnia
F51.03 Paradoxical insomnia
F51.04 Psychophysiologic insomnia
F51.3 Sleepwalking [somnambulism]
F51.4 Sleep terrors [night terrors]
F51.8 Other sleep disorders not due to a substance or known physiological condition
F51.9 Sleep disorder not due to a substance or known physiological condition, unspecified

Trauma- and Stressor-Related Disorders

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F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.0	Acute stress reaction
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified

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]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

[C] Opioid
F11.10 Opioid abuse, uncomplicated (mild)
F11.11 Opioid abuse, in remission
F11.120 Opioid abuse with intoxication, uncomplicated
F11.20 Opioid dependence, uncomplicated (mild)
F11.21 Opioid dependence, in remission
F11.220 Opioid dependence with intoxication, uncomplicated
F11.24 Opioid dependence with opioid-induced mood disorder
F11.90 Opioid use, unspecified, uncomplicated
F11.94 Opioid use, unspecified with opioid-induced mood disorder

[C]Cannabis

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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
F12.280 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

[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 with sedative, hypnotic or anxiolytic-induced mood disorder
F13.18- Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced
F13.21 Sedative, hypnotic or anxiolytic dependence, in remission
F13.90 Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.94 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F13.98- Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced

[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
F15.24 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

[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)
Z72.0 Tobacco use

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Other

F30.8 Other manic episodes
F32.0 Major depressive disorder, single episode, mild
F32.1 Major depressive disorder, single episode, moderate
F32.4 Major depressive disorder, single episode, in partial remission
F32.5 Major depressive disorder, single episode, in full remission
F32.89 Other specified depressive episodes (eg, atypical depression, post-schizophrenic depression)
F32.9 Major depressive disorder, single episode, unspecified
F39 Mood (affective) disorder, unspecified
F45.41 Pain disorder exclusively related to psychological factors
F45.42 Pain disorder with related psychological factors (code also associated acute or chronic pain (G89.-)
F48.9 Nonpsychotic mental disorder, unspecified
F93.8 Childhood emotional disorders, other

Symptoms, Signs, and Ill-Defined Conditions

Use these codes in absence of a definitive mental diagnosis or when the sign or symptom is not part of the disease course or considered incidental.

G44.201 Tension-type headache, unspecified, intractable
G47.9 Sleep disorder, unspecified
N39.44 Nocturnal enuresis
R06.02 Shortness of breath
R06.4 Hyperventilation
R07.9 Chest pain, unspecified
R10.0 Acute abdomen pain
R10.84 Generalized abdominal pain
R11.0 Nausea
R11.11 Vomiting without nausea
R11.2 Nausea with vomiting, unspecified
R19.8 Other specified symptoms and signs involving the digestive system and abdomen
R42 Dizziness
R45.0 Nervousness
R45.83 Excessive crying of child, adolescent or adult
R45.89 Other symptoms and signs involving emotional state
R47.89 Other speech disturbances
R47.9 Unspecified speech disturbances
R51 Headache
R53.81 Other malaise
R53.82 Chronic fatigue, unspecified
R53.83 Other fatigue
R63.3 Feeding difficulties
R63.4 Abnormal weight loss
R63.5 Abnormal weight gain
R68.89 Other general symptoms and signs

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

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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 social determinant of health is identified during an encounter and it is either addressed or shown to complicate the encounter, it should be coded.

Z13.31	Encounter for screening for depression
Z59.00	Homelessness unspecified
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
Z60.9	Problem related to social environment, unspecified
Z62.21	Foster care status (child welfare)
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
Z62.822	Parent-foster child conflict
Z63.72	Alcoholism and drug addiction in family
Z63.8	Other specified problems related to primary support group
Z65.3	Problems related to other legal circumstances
Z71.89	Counseling, other specified
Z71.9	Counseling, unspecified
Z72.0	Tobacco use
Z86.59	Personal history of other mental and behavioral disorders

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