CPT CODES®
APPENDIX A

CPT® CODES


When selecting the appropriate CPT® codes for driver assessment and counseling, first determine the primary reason for the patient’s office visit, as usual. The services described in this Guide will most often fall under Evaluation and Management (E/M) services. Next, select the appropriate E/M category/subcategory. If you choose to apply codes from the Preventive Medicine services category, consult Table 1 for the appropriate codes. If any additional services are provided over and above the E/M services, codes from Table 2 may be additionally applied.

Table 1 Evaluation and Management—Preventive Medicine Services
If the primary reason for the patient’s visit falls under the E/M category of Preventive Medicine services, choose one of the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99386</td>
<td>40–64 years old</td>
<td><strong>New Patient, Initial Comprehensive Preventive Medicine</strong></td>
</tr>
<tr>
<td>99387</td>
<td>≥65 years old</td>
<td><strong>Evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.</strong></td>
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<tr>
<td></td>
<td></td>
<td>These codes are used to report the Preventive Medicine E/M service for a new patient (or one who has not been seen in 3 or more years), which may include assessment and counseling on driver safety.</td>
</tr>
<tr>
<td>99396</td>
<td>40–64 years old</td>
<td><strong>Established Patient, Periodic Comprehensive Preventive Medicine</strong></td>
</tr>
<tr>
<td>99397</td>
<td>≥65 years old</td>
<td><strong>Reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.</strong></td>
</tr>
</tbody>
</table>

Note: Preventive Medicine service codes 99386-99387 and 99396-99397 can be reported only once per year. If an abnormality is encountered or a preexisting problem is addressed in the process of performing this Preventive Medicine E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient service code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the Preventive Medicine service. See example below.
99401  Approximately 15 minutes  **Preventive Medicine, Individual Counseling**

99402  Approximately 30 minutes

99403  Approximately 45 minutes

99404  Approximately 60 minutes

These are time-based codes, to be reported based on the amount of time spent counseling the patient. Driver safety or driving retirement counseling fall under the category of injury prevention. Please note that for driving retirement counseling, a copy of the follow-up letter to the patient can be included in the patient's chart as additional documentation. (A sample letter can be found in Chapter 6.)

**Table 2  Additional Codes**
The codes below can be used for administration of CADReS (see Chapter 3). If you complete the entire assessment, you can include codes 95831, 96160, 96161 and either 99172 or 99173. The CADReS Score Sheet can serve as the report.

95831  Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk.

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

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.

99172  Visual function screening, automated or semiautomated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare).

99173  Screening test of visual acuity, quantitative, bilateral

The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (eg, Snellen chart).

99406  Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407  Smoking and tobacco use cessation counseling visit; intensive, longer than 10 minutes

99408  Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15–30 minutes

99409  Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
Example

Periodic comprehensive preventive medicine evaluation for an 82-year-old woman with hypertension, diet-controlled type 2 diabetes mellitus, and osteoarthritis. She is accompanied by her daughter, who requests an evaluation because of concern about her mother’s driving safety.

During the appointment, the patient reports that she has had a cough and a low-grade fever over the last week.

In addition to performing the comprehensive preventive medicine examination, the physician performs a problem-focused history and examination to evaluate the cough and fever.

The following codes are applied:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99397</td>
<td>Established Patient, Periodic Comprehensive Preventive Medicine, ≥65 years old</td>
</tr>
<tr>
<td>99212-25</td>
<td>Office or other outpatient visit, with Modifier-25 indicating that a significant separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service</td>
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</table>