Tips for ACEs-Related Coding

Getting Started

How should practices account for their time related to ACEs screening, if most payers aren't accepting claims? For now, organizations may want to take a two-pronged strategy in regards to coding for ACEs screening:

1. For tracking purposes, organizations should decide to use one CPT code consistently across an age group, or specific codes for children and for adolescents.
2. For billing purposes, organizations can float a claim to payers to see whether or not the claim will be paid. The payer will indicate if it has enough information to reimburse and/or if the code is accepted. Family medicine physicians would have to bill under the child, not the mother, but clinicians could use the same standardized scores.

Following are some codes to try for both tracking and reporting purposes, as well as links to some resources that can provide you with additional information.

Current Procedural Terminology (CPT) Codes

Current Procedural Terminology (CPT) codes identify interventions that clinicians make after or during a patient visit (e.g., providing anticipatory guidance). The AAP formerly recommended using CPT code 99420 when assessing a child's health risk. However, in 2017, code 99420 was deleted and replaced with code 96160 and code 96161, which address administration and scoring of patient-focused and caregiver-focused assessments, but require the instruments used for screening be standardized and scorable to be reimbursable.

- 96160: Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
- 96161: Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

A list of commonly reported CPT codes for care for youth who have experienced ACEs can be found in the AAP Coding Fact Sheet For Treating Trauma.

ICD-10 Codes

ICD-10 codes refer to the visit itself (what type of visit it was). Although unspecified Z codes always get bounced back by payers, they can be valuable to for tracking purposes/pulling reports.

In California, some ICD-10 codes have been identified as being related to ACEs screening in the state3 (it will vary by state and payer), including:

- Z59.4: Lack of adequate food or safe drinking water
- Z63.0: Relationship problem between spouse or partners
- Z62.819: History of abuse in childhood
- Z63.5: Family disruption due to divorce or legal separation
- Z63.32: Absence of family member

- Z81.9: Family history of mental and behavioral disorder
- Z63.72: Alcoholism and drug addiction in family
- Z63.9: Problem related to primary support group

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Payer Guidance

Payer guidance regarding coding for ACEs and trauma screening and treatment is not yet available and will vary across health plans. Reimbursement for ACEs screening will vary from state to state.

The AAP is helping to push the industry to catch up, with an active lobbying group that's seeking support for universal reimbursement for screening. With more consistent efforts and more providers billing with these codes, the thought is we'll see a faster response regarding reimbursement guidance from payers.

1 Coding for Pediatric Preventive Care, 2017. American Academy of Pediatrics. 2017.

2 Policy Statement: Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health, American Academy of Pediatrics. Jan. 2012.

3 Ariane Marie-Mitchell, MD, PhD, MPH. Loma Linda Whole Child Assessment presentation. California Pediatric Symposium 2016.

Developed by the National Pediatric Practice Community on ACEs
NPPC Member website
https://www.nppcacesmembers.org/operational-resources/define-policies/