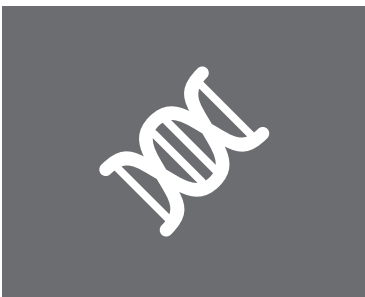




# Women's Preventive Services Initiative (WPSI) 2021 Coding Guide

Screening for Interpersonal and Domestic Violence



## Women's Preventive Services Initiative (WPSI) Screening for Interpersonal and Domestic Violence

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**Clinical Recommendations:** The Women's Preventive Services Initiative recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.

**Implementation Considerations:** The Women's Preventive Services Initiative recommends as a preventive service, screening adolescents and women for interpersonal and domestic violence. Factors associated with increased risk include, but are not limited to, pregnancy; younger and older age; increased stress; lesbian, gay, bisexual, transgender, and queer (or questioning) status; dependency; drug and alcohol misuse; former or current military service; and living in an institutional setting. There are multiple screening tools that have shown adequate sensitivity and specificity for identifying intimate partner violence and domestic violence in specific populations of women. Minimum screening intervals are unknown; however, based on the prevalence of interpersonal and domestic violence as well as evidence demonstrating that many cases are not reported, it is reasonable to conduct screening at least annually although the frequency and intensity of screening may vary depending on a particular patient's situation.

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### Counseling

#### **PROCEDURE CODES**

Per CPT, codes **99384–99397** include age-appropriate counseling, anticipatory guidance, and risk factor reduction interventions provided at the time of the initial or periodic comprehensive preventive medicine examinations.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Use codes **99401**, **99402**, **99403**, and **99404** for individual counseling, and codes **99411**, and **99412** for group counseling as appropriate:

- 99401** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes

## RECOMMENDATION CODING

- 99404** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99411** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
- 99412** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

These codes are not reported when the physician counsels a patient with symptoms or an established illness. In this case, an appropriate problem-oriented E/M service (**99202-99215**) is reported. Note that the “typical times” for each code have been revised to depict a range of time. Time may be used to select a code level whether or not counseling or coordination of care is the primary office or other outpatient service (**99202-99215**). Time can only be used for level selection for other (time-based) E/M services when counseling and coordination of care is the primary service (for time based codes other than **99202-99215**). If you are reporting based on time it is recommended that your time be documented. As best practice, providers should also continue to perform and document a clinically relevant history and physical exam, even though it will not influence code selection.

## DIAGNOSIS CODES

### ABUSE AND NEGLECT

Codes from category **T74** (confirmed cases) or **T76** (suspected cases) should be reported, as follows:

#### **Confirmed**

- T74.0** Neglect or abandonment, confirmed
- T74.1** Physical abuse, confirmed
- T74.2** Sexual abuse, confirmed [Rape, confirmed; Sexual assault, confirmed]
- T74.3** Psychological abuse, confirmed [Bullying and intimidation, confirmed; Intimidation through social media, confirmed – revised text for 2019]
- T74.5** Forced sexual exploitation, confirmed (New code for 2019)
- T74.6** Forced labor exploitation, confirmed (New code for 2019)
- T74.9** Unspecified maltreatment, confirmed

**Suspected**

<b>T76.0</b>	Neglect or abandonment, suspected
<b>T76.1</b>	Physical abuse, suspected
<b>T76.2</b>	Sexual abuse, suspected
<b>T76.3</b>	Psychological abuse, suspected [Bullying and intimidation, confirmed; Intimidation through social media, confirmed] – revised text for 2019]
<b>T76.5</b>	Forced sexual exploitation, suspected (New code for 2019)
<b>T76.6</b>	Forced labor exploitation, suspected (New code for 2019)
<b>T76.9</b>	Unspecified maltreatment, suspected

ABUSE AND NEGLECT COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Codes from Chapter 15 of ICD-10-CM should be used, as follows:

<b>O9A.3</b>	Physical abuse complicating pregnancy, childbirth, and the puerperium
<b>O9A.4</b>	Sexual abuse complicating pregnancy, childbirth, and the puerperium
<b>O9A.5</b>	Psychological abuse complicating pregnancy, childbirth, and the puerperium

SCREENING

There is no specific ICD-10-CM or CPT code for domestic, sexual and interpersonal violence screening, but code **Z13.89, Encounter for screening for other disorder**, possibly could be reported.

SUSPECTED CASE OF ABUSE, NEGLECT, OR MISTREATMENT RULED OUT

If suspected case of abuse, neglect, or mistreatment was ruled out during the visit, codes **Z04.71, Encounter for examination and observation following alleged physical abuse, ruled out**, or **Z04.41, Encounter for examination and observation following alleged adult rape, ruled out**, should be used instead of codes from category **T76**.

PERPETRATOR

In addition to abuse diagnosis codes, codes from category **Y07, Perpetrator of assault, maltreatment and neglect**, may be reported. Codes from this category may be used only in cases of confirmed abuse (**T74.-**) (**T74-T74.92XS**).

History codes from subcategories **Z62.81, Personal history of abuse in childhood**, and **Z91.4, Personal history of psychological trauma**, not elsewhere classified, provide additional information, if applicable.

COUNSELING FOR VICTIMS OF ABUSE

Codes from category **Z69, Encounter for mental health services for victim and perpetrator of abuse**, used as follows:

<b>Z69.1</b>	Encounter for mental health services for spousal or partner abuse problems
<b>Z69.8</b>	Encounter for mental health services for victim or perpetrator of other abuse