



Women's Preventive Services Initiative (WPSI) 2022 Coding Guide

Screening for Interpersonal and Domestic Violence



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

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.

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 for screening occurs during a visit other than a comprehensive preventive medicine visit and the 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:

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|--------------|--|
| 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 regardless of whether 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) facility-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 essential that your time be clearly documented. As a best practice, clinicians 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]
- T74.5-** Forced sexual exploitation, confirmed
- T74.6-** Forced labor exploitation, confirmed
- T74.9-** Unspecified maltreatment, confirmed

Suspected

T76.0-	Neglect or abandonment, suspected
T76.1-	Physical abuse, suspected
T76.2-	Sexual abuse, suspected
T76.3-	Psychological abuse, suspected [Bullying and intimidation, confirmed; Intimidation through social media, confirmed]
T76.5-	Forced sexual exploitation, suspected
T76.6-	Forced labor exploitation, suspected
T76.9-	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:

O9A.31-	Physical abuse complicating pregnancy, childbirth, and the puerperium
O9A.41-	Sexual abuse complicating pregnancy, childbirth, and the puerperium
O9A.51-	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**, could possibly 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.-**).

History codes from subcategories **Z62.81-, Personal history of abuse in childhood**, and **Z91.41-, Personal history of adult abuse**, 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:

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

RECOMMENDATION CODING

CODING SCENARIOS

A 38-year old established patient presents for her annual preventive medicine service. During this service, Doctor P conducts a screening for domestic violence.

DR. N Billing-CPT	Diagnoses	Diagnosis Description
99395	Z01.419 Z13.89	Encounter for routine gynecologic exam without abnormal finding Encounter for screening for other disorder
Billing Rationale:	There is no separate procedural service that is billable for domestic violence screening, nor is there a specific diagnosis to report the service. The only available option is the more generic code for “other screening.	

A 28-year old established patient presents for STI screening, in the absence of any signs, symptoms, or known exposure. During this service, Doctor Q also screens for domestic violence.

DR. N Billing-CPT	Diagnoses	Diagnosis Description
99213	Z11.3 Z13.89	Encounter for screening for infections with a predominantly sexual mode of transmission Encounter for screening for other disorder
Billing Rationale:	There is no separate procedural service that is billable for domestic violence screening, nor is there a specific diagnosis to report the service. The only available option is the more generic code for “other screening. The level of service would be level 3, based on “low” problems (2 self-limited or minor problems—STI and DV screening), “moderate” data (3 laboratory tests) and “straightforward” risk.	