



Women's Preventive Services Initiative (WPSI) 2020 Coding Guide

Screening for Human Immunodeficiency Virus Infection



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Clinical Recommendations: The Women's Preventive Services Initiative recommends prevention education and risk assessment for human immunodeficiency virus (HIV) infection in adolescents and women at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection.

Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.

Implementation Considerations: The Women's Preventive Services Initiative recommends, as a preventive service for women, prevention education and risk assessment for HIV infection in adolescents and women at least annually throughout the lifespan. More frequent screening for high-risk women, as determined by clinical judgment, is also recommended as a preventive service. Annual or more frequent HIV testing may be needed and is recommended as a preventive service for women who are identified or self-identify as high risk.

This recommendation refers to routine HIV screening, which is different from incident-based or exposure-based HIV testing. Risk factors for HIV infection in women include, but are not limited to, being an active injection drug user; having unprotected vaginal or anal intercourse; having multiple sexual partners; initiating a new sexual relationship; having sexual partners who are HIV-infected, bisexual, or injection drug users; exchanging sex for drugs or money; being a victim of sex trafficking; being incarcerated (currently or previously); and having other sexually transmitted infections.

Approximately 20–26% of infected patients are not identified by risk-based screening. Early detection and treatment improves outcomes for patients and reduces transmission; therefore, based on clinical best practice, screening annually or more frequently may be reasonable.

PROCEDURE CODES

NON-MEDICARE PAYERS

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.

Preventive Medicine counseling codes are used to report services for promoting health and preventing illness and injury. That is, the patient has no current symptoms or diagnosed illness.

RECOMMENDATION CODING

The counseling must be provided at a separate encounter from the preventive medicine service. These codes are selected according to the time spent counseling the patient. Use codes **99401**, **99402**, **99403**, **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
- 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 (**99201-99215**) is reported. Codes **99201-99215** list “typical times” in their descriptions.

If the physician spends more than 50% of the total time with the patient providing counseling or if he or she spends the entire visit providing counseling for a patient and/or patient’s family, then the level of service may be determined using time alone. CPT states:

When counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time may be considered the key or controlling factor to qualify for a particular level of E/M service. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (eg, foster parents). The extent of counseling and/or coordination of care must be documented in the medical record.

DIAGNOSIS CODES

GENERAL

For human immunodeficiency screening (HIV), use diagnosis code **Z11.4 (Encounter for screening for human immunodeficiency virus [HIV])** as primary and **Z72.89**, **Z72.51**, **Z72.52**, **Z72.53**, or other codes listed below as secondary. Pregnant patients would also have a pregnancy status code reported (such as **Z34.-** or **O09.9-**), in addition to the appropriate **Z11.4** as primary and **Z34.0-**, **Z34.8-** or **O09.9-** as appropriate).

For the purposes of incident-based or exposure-based HIV testing, ICD-10-CM code **Z20.2, Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission, or Z20.6, Contact with and (suspected) exposure to human immunodeficiency virus [HIV]**, can be reported.

Additional codes for HIV screening:

High-Risk Sexual Behavior	
Code Description	Code
High-risk heterosexual behavior	Z72.51
High-risk homosexual behavior	Z72.52
High-risk bisexual behavior	Z72.53
Other problems related to lifestyle	Z72.89
Drug Use	
Drug use complicating pregnancy, childbirth, and puerperium	O99.32-
Opioid use, uncomplicated	F11.9-
Opioid abuse, uncomplicated	F11.1-
Opioid dependence, uncomplicated	F11.2-
Sex Trafficking	
Beginning October 1st, 2018, the National Center for Health Statistics at the CDC added new codes for patients experiencing sexual trafficking.	
Adult forced sexual exploitation, confirmed	T74.51-
Child sexual exploitation, confirmed	T74.52-
Adult forced sexual exploitation, suspected	T76.51-
Child sexual exploitation, suspected	T76.52-
Personal history of forced labor or sexual exploitation in childhood	Z62.813
Personal history of forced labor or sexual exploitation	Z91.42
Imprisonment	
Imprisonment and other incarceration	Z65.1

RECOMMENDATION CODING

Sexually Transmitted Infections

Codes for infections with a sexual way of transmission could be found in categories **A50-A64**.

Personal History of Drug Use or Other Specified Conditions

To document history of drug use, **ICD-10-CM code Z86.59, Personal history of other mental and behavioral disorders**, should be assigned.

For a history of drug use, non-dependent, in remission, use code **Z87.898, Personal history of other specified conditions**.

Additional HIV-Related Codes	
Code Description	Code
Asymptomatic human immunodeficiency virus [HIV] infection status	Z21
Human immunodeficiency virus [HIV] disease	B20
Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	R75
Human immunodeficiency virus [HIV] disease complicating pregnancy	O98.71-
Human immunodeficiency virus [HIV] disease complicating childbirth	O98.72
Human immunodeficiency virus [HIV] disease complicating the puerperium	O98.73
Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	R75