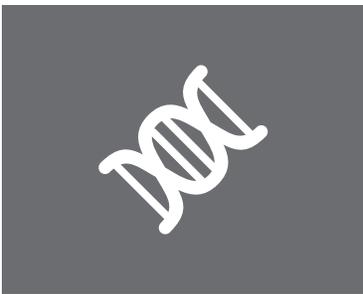
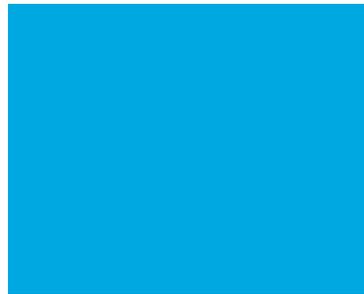




Women's Preventive Services Initiative (WPSI) 2020 Coding Guide

Screening for Interpersonal and Domestic Violence



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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 **99384-9397** 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 (**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

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

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] – revised text for 2019]
T76.5	Forced sexual exploitation, suspected (New code for 2019)
T76.6	Forced labor exploitation, suspected (New code for 2019)
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.3	Physical abuse complicating pregnancy, childbirth, and the puerperium
O9A.4	Sexual abuse complicating pregnancy, childbirth, and the puerperium
O9A.5	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:

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