

Building Sustainability for HIV, STD and Related Services

A Coding Guide for Programs and Providers



2015

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University of Washington Public Health Capacity Building Center

The University of Washington Public Health Capacity Building Center (UWPHCBC) is one of 21 capacity building assistance (CBA) providers supported by the Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, to provide CBA for High Impact Prevention (HIP). UWPHCBC is funded to provide CBA to state, local, tribal and territorial health departments. UWPHCBC can provide CBA to directly and indirectly funded health departments; indirectly funded health departments must request CBA via the directly funded health department.

There are six focus areas for CBA: 1) HIV testing; 2) prevention with positives; 3) organizational development & management; 4) prevention with negatives; 5) condom distribution; and 6) policy.

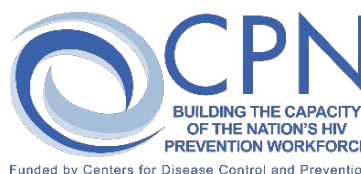
UWPHCBC is funded for three focus areas: 1) HIV testing; 2) prevention with HIV-positive persons, with an emphasis on Data to Care; and 3) organizational development & management, including third-party billing. Cardea's work with UWPHCBC focuses on organizational development & management.

In addition to Cardea, the University of Washington's partners include Public Health—Seattle & King County, Northwest AIDS Education and Training Center, California STD/HIV Prevention Training Center, New York State STD/HIV Prevention Training Center, and Rietmeijer Consulting.

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Cbaproviders.org

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Cardeaservices.org



Aidseducation.org

DISCLAIMER

This guide was prepared as a service to the public and is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. Specific coding and payer guidelines should be reviewed prior to the submission of claims for reimbursement.

OVERVIEW

This guide is designed to be a resource for programs providing HIV, STD and related services and to assist in the transition from ICD-9 to ICD-10 coding. It includes basic information about HIV and STD screening and testing, an overview of coding guidelines, and common ICD-9, ICD-10, and CPT codes. Several coding scenarios are included along with accompanying resources and references. While this is not an exhaustive list of codes for HIV, STD and related services and diagnoses, these common codes offer a quick reference to help improve coding efficiency. Always follow current legal guidelines and standards of practice when providing medical services.

Coding for HIV, STD and related services is an essential practice for programs that are preparing for billing third party payers. Beginning to properly code for services is a critical step in improving revenue cycle management and developing sustainable systems.

SCREENING RECOMMENDATIONS

Third-party payer coverage for CDC recommended screening services may vary. Contact payers to determine billing eligibility.

HIV Recommendations

The objectives of the following recommendations are to: increase HIV screening of patients, including pregnant women, in health care settings; foster earlier detection of HIV infection; identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and further reduce perinatal transmission of HIV in the United States.

The Centers for Disease Control and Prevention (CDC) makes the following recommendations for patients in all health care settings:

- HIV screening is recommended for patients in all health care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high-risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required. General consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health care settings.

Why provide routine screening for HIV/AIDS?

- Twenty percent (20%) of people living in the U.S. with HIV do not know they are infected.
- HIV is a serious health condition that can be reliably diagnosed prior to symptoms development, and patients are more likely to be tested if it is suggested by a clinician.
- Routine screening helps to de-stigmatize HIV.
- Early entry into care increases the likelihood of a longer, healthier life. Unfortunately, an estimated 39% of people with HIV in the U.S are not diagnosed until they are in the later stages of the disease.
- Transmission rates are higher in people who do not know they have HIV. Individuals who know that they are HIV positive are more likely to engage in risk reduction efforts.
- Appropriate treatment during pregnancy can reduce the perinatal transmission rate to < 2%. Pregnant women who know they are infected are better able to make critical decisions about care for themselves and their infants.

Source: Centers for Disease Control and Prevention

STD Recommendations

The Centers for Disease Control and Prevention makes the following recommendations for STD screening:

- Chlamydia—screen women under age 25 and others, including men, at increased risk
- Gonorrhea—screen women at increased risk
- Syphilis—screen women exposed to syphilis
- Hepatitis B—provide prevaccination screening for women at increased risk
- Hepatitis C—screen women at risk
- Herpes Simplex Virus—do not screen general population

Other health organizations also provide screening recommendations for STD that may vary slightly.

Why provide screening for STDs?

- Chlamydia and gonorrhea prevalence is highest among adolescents and young adults under 25
- STDs can have severe effects for pregnant women, their partners and fetuses
- STDs can increase the risk of contracting HIV

HIV/STD Recommendations for Pregnant Women

For pregnant women, the CDC recommends the following screening:

- STD and HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women in the first trimester or prenatal appointment.
- STD screening for pregnant women should include the following: syphilis, hepatitis B, hepatitis C (increased risk patients only), chlamydia, and gonorrhea (increased risk patients only).
- STD and HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women. Women at increased risk for HIV and STDs should also be screened for syphilis, HIV, chlamydia and gonorrhea in the third trimester.

Source: Centers for Disease Control and Prevention

CODING GUIDELINES

What is documentation and why is it important?

According to the Centers for Medicare and Medicaid Services (CMS), medical record documentation is required to record pertinent facts, findings, and observations about an individual's health history including past and present illnesses, examinations, tests, treatments, and outcomes. The medical record chronologically documents the care of the patient and is an important element contributing to high quality care. The medical record facilitates:

- The ability of the physician and other health care professionals to evaluate and plan the patient's immediate treatment, and to better manage the patient's care over time
- Communication and continuity of care among physicians and other health care professionals involved in the patient's care
- Accurate and timely claims review and payment
- Appropriate utilization review and quality of care evaluations and
- Collection of data that may be useful for research and education

Document every step you take. Remember, if it's not documented in the record, it did not happen.

Source: Centers for Medicare and Medicaid Services

International Classification of Diseases Diagnosis Codes

The International Classification of Diseases (ICD) is a system of coding maintained by the World Health Organization that is used to describe diseases, symptoms, abnormal findings, and external causes of injury. Standardizing codes improves consistency among clinicians in recording patient symptoms and diagnoses for the purposes of payer claims reimbursement and clinical research.

On October 1, 2015, the ICD-9-CM code sets used to report medical diagnoses are to be replaced by ICD-10 codes. The transition is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). The ICD-10-CM code set expands from 13,000 to over 68,000 codes, offering many new code choices and combinations. Crosswalks are guides meant to help translate forward and backward between ICD-9 and ICD-10 codes but should not replace becoming familiar with the entire expanded code selection applicable to your practice. Learning to code ICD-10 fully is essential for accurate coding and reimbursement.

Included below are common ICD diagnosis codes that are used for coding STD and HIV services (partial listings). The "Direct" indicator implies a 1:1 match between the existing and new codes. "Approximate" conversions between ICD-9-CM codes and ICD-10-CM codes may require clinical interpretation in order to determine the most appropriate conversion code(s) for your specific coding situation. ICD coding guidelines, including specific rules for coding HIV, should always be consulted for accurate coding purposes.

ICD-9 TO ICD-10 CROSSWALK

ICD-9	Description	Direct/ Approx.	ICD-10	Description
HIV Specific Codes				
V01.79	Contact with or exposure to venereal diseases	Approx.	Z20.6 Z20.828	Contact with and (suspected) exposure to human immunodeficiency virus (HIV) Contact with and (suspected) exposure to other viral communicable diseases
V65.44	Human immunodeficiency virus (HIV) counseling	Direct	Z71.7	Human immunodeficiency virus (HIV) counseling
V70.0	Routine general medical examination at a health care facility	Approx.	Z00.00 Z00.01	Encounter for general adult medical examination without abnormal findings Encounter for general adult medical examination abnormal findings* *Use additional code to identify abnormal findings (R70-R94)
V73.89	Special screening examination for other specified viral diseases (e.g. HIV, HSV)	Approx.	Z11.4 Z11.59	Encounter for screening for human immunodeficiency virus (HIV) Encounter for screening for other viral diseases
042	HIV disease	Direct	B20	HIV disease *Code first HIV disease complicating pregnancy, childbirth and the puerperium, if applicable (098.7-) **Use additional code(s) to identify all manifestations of HIV infection
079.53	HIV, type 2 (HIV-2) * Report as secondary diagnosis code only (when applicable)	Direct	B97.35	HIV, type 2 (HIV-2) as the cause of diseases classified elsewhere Note: Provided for use as supplementary or additional code to identify the infectious agent(s) in diseases classified elsewhere
V08	Asymptomatic HIV infection status	Direct	Z21	Asymptomatic HIV infection status. * Code first HIV disease complicating pregnancy, childbirth and the puerperium, if applicable (098.7-)
Screening Tests: Increased Risk of Infection				
V01.1	Contact with or exposure to tuberculosis	Direct	Z20.1	Contact with and (suspected) exposure to tuberculosis
V01.6	Contact with or exposure to venereal diseases	Direct	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
V01.79	Contact with or exposure to other venereal diseases (e.g. Hep, HIV)	Approx.	Z20.6 Z20.828	Contact with and (suspected) exposure to human immunodeficiency virus (HIV) Contact with and (suspected) exposure to other viral communicable diseases

ICD-9	Description	Direct/ Approx.	ICD-10	Description
V02.7 V02.8	Carrier or suspected carrier of gonorrhea Carrier or suspected carrier of other venereal diseases	Approx.	Z22.4	Carrier of infections with a predominantly sexual mode of transmission
V03.89 V05.3 V05.8	Other specified vaccination Need for prophylactic vaccination and inoculation against viral hepatitis Need for prophylactic vaccination and inoculation against other specified disease	Approx.	Z23	Encounter for immunization *Procedure codes are required to identify the types of immunizations given
V15.85	Personal history of contact with and (suspected) exposure to potentially hazardous body fluids (e.g. needle stick)	Approx.	Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids Code Also: any follow-up examination (Z08-Z09)
V65.42	Counseling on substance use and abuse	Approx.	Z71.41	Alcohol abuse counseling and surveillance of alcoholic
V69.2	High-risk sexual behavior	Approx.	Z72.51 Z72.52 Z72.53	High-risk heterosexual behavior High-risk homosexual behavior High-risk bisexual behavior
V69.8	Other problems related to lifestyle	Approx.	Z72.89	Other problems related to lifestyle (Self-damaging behavior)
V72.40	Pregnancy examination or test, pregnancy unconfirmed	Direct	Z32.00	Encounter for pregnancy test, result unknown
V72.41	Pregnancy exam or test, negative result	Direct	Z32.02	Encounter for pregnancy test, result negative
V72.42	Pregnancy exam or test, positive result	Direct	Z32.01	Encounter for pregnancy test, result positive
V73.81	Special screening examination for human papillomavirus (HPV)	Direct	Z11.51	Encounter for screening for HPV
V73.88 V73.98	Special screening examination for other specified chlamydial diseases Special screening examination for unspecified chlamydial disease	Approx.	Z11.8	Encounter for screening for other infectious and parasitic diseases (Encounter for screening for chlamydia, rickettsial, spirochetal or mycoses)
V73.89	Special screening examination for other specified viral diseases	Approx.	Z11.59	Encounter for screening for other viral diseases
V74.1	Screening examination for pulmonary tuberculosis	Direct	Z11.1	Encounter for screening for respiratory tuberculosis
V74.5	Screening examination for venereal disease	Direct	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
V75.8	Screening examination for other specified parasitic infections	Approx.	Z11.0 Z11.8	Encounter for screening for intestinal infectious diseases Encounter for screening for other infectious and parasitic diseases
Diagnostic Testing				
053.9	Herpes zoster without mention of complication	Direct	B02.9	Zoster without complications (Shingles, zona)
054.10	Genital herpes, unspecified	Approx.	A60.9	Anogenital herpesviral infection, unspecified

ICD-9	Description	Direct/ Approx.	ICD-10	Description
054.11 054.12	Herpetic vulvovaginitis Herpetic ulceration of vulva	Approx.	A60.04	Herpesviral vulvovaginitis (Herpesviral (herpes simplex) ulceration, vaginitis, vulvitis)
054.13	Herpetic infection of penis	Direct	A60.01	Herpesviral infection of penis
054.19	Other genital herpes	Direct	A60.09	Herpesviral infection of other urogenital tract
054.2	Herpetic gingivostomatitis	Direct	B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
054.8 054.9	Herpes simplex with unspecified complication Herpes simplex without mention of complication	Approx.	B00.9	Herpesviral infection, unspecified (Herpes simplex infection NOS)
078.0	Molluscum contagiosum	Direct	B08.1	Molluscum contagiosum
078.10	Viral wart, unspecified	Direct	B07.9	Viral wart, unspecified
078.11	Condyloma acuminatum	Direct	A63.0	Anogenital (venereal) warts (Anogenital warts due to HPV, Condyloma acuminatum)
078.88	Other specified diseases due to chlamydia	Approx.	A74.89	Other chlamydial diseases
079.4	Human papillomavirus in conditions classified elsewhere and of unspecified site (HPV infection, unspecified)	Direct	B97.7	Papillomavirus as the cause of diseases classified elsewhere
079.98	Unspecified chlamydial infection	Approx.	A74.9	Chlamydial infection, unspecified (Chlamydiosis NOS)
091.0	Genital syphilis (primary)	Direct	A51.0	Primary genital syphilis (Syphilitic chancre NOS)
091.1	Primary anal syphilis	Direct	A51.1	Primary anal syphilis
092.0 092.9	Early syphilis, latent, serological relapse after treatment. Early syphilis, latent, unspecified	Approx.	A51.5	Early syphilis, latent (Syphilis (acquired) without clinical manifestations, with positive serological reaction and negative spinal fluid test, less than 2 years after infection.)
096	Late syphilis, latent	Direct	A52.8	Late syphilis, latent (Syphilis (acquired) without clinical manifestations, with positive serological reaction and negative spinal fluid test, 2 years or more after infection.)
097.9	Syphilis, unspecified	Direct	A53.9	Syphilis, unspecified (Infection due to Treponema pallidum NOS, Syphilis (acquired) NOS)
098.0 098.2	Gonococcal infection (acute) of lower genitourinary tract (urethritis) Gonococcal infection, chronic, of lower genitourinary tract	Approx.	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
098.10	Gonococcal infection (acute) of upper genitourinary tract, site unspecified	Approx.	A54.29	Other gonococcal genitourinary infections
098.12 098.32	Gonococcal prostatitis acute Gonococcal prostatitis, chronic	Approx.	A54.22	Gonococcal prostatitis
098.13 098.14 098.33 098.34	Gonococcal epididymo-orchitis (acute) Gonococcal seminal vesiculitis (acute) Gonococcal orchitis (chronic) Gonococcal seminal vesiculitis (chronic)	Approx.	A54.23	Gonococcal infection of other male genital organs (Gonococcal epididymitis, Gonococcal orchitis)

ICD-9	Description	Direct/ Approx.	ICD-10	Description
098.15 098.35	Gonococcal cervicitis (acute) Gonococcal cervicitis (chronic)	Approx.	A54.03	Gonococcal cervicitis, unspecified
098.16 098.36	Gonococcal endometritis (acute) Gonococcal endometritis (chronic)	Approx.	A54.24	Gonococcal female pelvic inflammatory disease
098.6	Gonococcal infection of pharynx	Direct	A54.5	Gonococcal pharyngitis
098.7	Gonococcal infection of anus and rectum	Direct	A54.6	Gonococcal infection of anus and rectum
099.0	Chancroid	Direct	A57	Chancroid (Ulcus molle)
099.1	Lymphogranuloma venereum	Direct	A55	Chlamydial lymphogranuloma (venereum)
099.2	Granuloma inguinale	Direct	A58	Granuloma inguinale
099.40 099.41	Other nongonococcal urethritis, unspecified Other nongonococcal urethritis, chlamydia trachomatis	Approx.	N34.1	Nonspecific urethritis (Nongonococcal urethritis, Nonvenereal urethritis)
099.50 099.54	Other venereal diseases due to chlamydia trachomatis, unspecified site Other venereal diseases due to chlamydia trachomatis, other genitourinary sites	Approx.	A56.19	Other chlamydial genitourinary infection
099.51	Other venereal diseases due to chlamydia trachomatis, pharynx	Direct	A54.5	Chlamydial infection of pharynx
099.52	Other venereal diseases due to chlamydia trachomatis, anus and rectum	Direct	A56.3	Chlamydial infection of anus and rectum
099.53	Other venereal diseases due to chlamydia trachomatis, lower genitourinary sites (cervicitis)	Approx.	A56.00	Other venereal diseases due to chlamydia trachomatis, lower genitourinary sites
099.56	Other venereal diseases due to chlamydia trachomatis, peritoneum	Approx.	A56.8	Sexually transmitted chlamydial infection of other sites
110.3	Dermatophytosis of groin and perianal area	Direct	B35.6	Tinea cruris (DHOBI Itch, Groin ringworm, jock itch)
112.0	Candidiasis of mouth (Thrush Oral)	Approx.	B37.0 B37.83	Candidal stomatitis Candidal cheilitis
112.1	Candidiasis of vulva and vagina	Direct	B37.3	Candidiasis of vulva and vagina
112.2	Candidiasis of other urogenital sites	Approx.	B37.42 B37.49	Candidal balanitis Other urogenital candidiasis
131.01	Trichomonal vulvovaginitis	Direct	A59.01	Trichomonal vulvovaginitis
132.2	Phthirus pubis (pubic louse)	Direct	B85.3	Phthiriasis
133.0	Scabies	Direct	B86	Scabies
599.0	Urinary tract infection (UTI), site not specified	Direct	N39.0	Urinary tract infection, site not specified *Use Additional code (B95-B97), to identify infectious agent
614.3	Acute parametritis and pelvic cellulitis	Direct	N73.0	Acute parametritis and pelvic cellulitis *Use Additional code (B95-B97), to identify infectious agent

ICD-9	Description	Direct/ Approx.	ICD-10	Description
616.0	Cervicitis and endocervicitis	Direct	N72	Inflammatory disease of cervix uteri *Use Additional code (B95-B97), to identify infectious agent
616.10	Vaginitis and vulvovaginitis, unspecified	Approx.	N76.0 N76.1 N76.2 N76.3	Acute vaginitis Subacute and chronic vaginitis Acute vulvitis Subacute and chronic vulvitis *Use Additional code (B95-B97), to identify infectious agent
623.5	Leukorrhea, not specified as infective	Approx.	N89.8	Other specified non-inflammatory disorders of vagina
625.0	Dyspareunia	Direct	N94.1	Dyspareunia
782.1	Rash and other nonspecific skin eruption	Direct	R21	Rash and other nonspecific skin eruption
788.1	Dysuria	Approx.	R30.0 R30.9	Dysuria Painful micturition, unspecified
788.7	Urethral discharge	Approx.	R36.0 R36.9	Urethral discharge without blood Urethral discharge, unspecified
795.00	Abnormal glandular Papanicolaou smear of cervix	Approx.	R87.619	Unspecified abnormal cytological findings in specimens from cervix uteri
795.01 795.02	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance ASC-US Papanicolaou smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)	Direct	R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US) Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
795.03	Papanicolaou smear of cervix with low grade squamous intraepithelial lesion (LGSIL)	Direct	R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
795.04	Papanicolaou smear of cervix with high grade squamous intraepithelial lesion (HGSIL)	Direct	R86.613	High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
795.09	Other abnormal Papanicolaou smear of cervix and cervical HPV	Approx.	R87.820	Cervical low risk human papillomavirus (HPV) DNA test positive
795.10 795.19	Abnormal glandular Papanicolaou smear of vagina Other abnormal Papanicolaou smear of vagina and vaginal HPV	Approx.	R87.628	Other abnormal cytological findings on specimens from vagina * Use additional code to identify acquired absence of the uterus and cervix, if applicable (Z90.71-)

ICD-9	Description	Direct/ Approx.	ICD-10	Description
Contraceptive Related Codes				
V25.01	General counseling on prescription of oral contraceptives	Direct	Z30.011	Encounter for initial prescription of contraceptive pills
V25.02	General counseling on initiation of other contraceptive measures	Approx.	Z30.013 Z30.014 Z30.018 Z30.019	Encounter for initial prescription of injectable contraceptive Encounter for initial prescription of intrauterine contraceptive device Encounter for initial prescription of other contraceptives General counseling on initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive (EC) counseling and prescription	Direct	Z30.012	Encounter for prescription of emergency contraception (EC)
V25.09	Other general counseling and advice on contraceptive management	Direct	Z30.09	Encounter for other general counseling and advice on contraception
V25.11	Encounter for insertion of IUD	Direct	Z30.430	Encounter for insertion of IUD
V25.12	Encounter for removal of IUD	Direct	Z30.432	Encounter for removal of IUD
V25.13	Encounter for removal and reinsertion of IUD	Direct	Z30.433	Encounter for removal and reinsertion of IUD
V25.40	Contraceptive surveillance, unspecified	Direct	Z30.40	Encounter for surveillance of contraceptives, unspecified
V25.41	Surveillance of contraceptive pill	Direct	Z30.41	Encounter for surveillance of contraceptive pills
V25.42	Surveillance of IUD	Direct	Z30.431	Encounter for routine checking of IUD
V25.43 V25.49 V25.5	Surveillance of implantable subdermal contraceptive (Nexplanon) Surveillance of other contraceptive method Insertion of implantable subdermal contraceptive	Approx.	Z30.49	Encounter for surveillance of other contraceptives
V25.8	Other specified contraceptive management	Approx.	Z30.8	Encounter for other contraceptive management
V25.9	Unspecified contraceptive management	Approx.	Z30.9	Encounter for contraceptive management, unspecified
Pregnancy Related Codes				
V22.0	Supervision of normal first pregnancy		Z34.0 Z34.00 Z34.01 Z34.02 Z34.03	Encounter for supervision of normal first pregnancy unspecified trimester first trimester second trimester third trimester
V22.1	Supervision of other normal pregnancy		Z34.8 Z34.80 Z34.81 Z34.82 Z34.83	Encounter for supervision of other normal pregnancy unspecified trimester first trimester second trimester third trimester
V23.8	Other high-risk pregnancy		009	Supervision of high-risk pregnancy (requires 4th and 5th digits)

ICD-9	Description	Direct/ Approx.	ICD-10	Description
V23.8	Other high-risk pregnancy (continued)		009.0 009.00 009.01 009.02 009.03	Supervision of pregnancy with history of infertility unspecified trimester first trimester second trimester third trimester
			009.1 009.10 009.11 009.12 009.13	Supervision of pregnancy with history of ectopic or molar pregnancy unspecified trimester first trimester second trimester third trimester
			009.2	Supervision of pregnancy with other poor reproductive or obstetric history
			009.21 009.211 009.212 009.213 009.219	Supervision of pregnancy with history of pre-term labor first trimester second trimester third trimester unspecified trimester
			009.29 009.291 009.292 009.293 009.299	Supervision of pregnancy with other poor reproductive or obstetric history first trimester second trimester third trimester unspecified trimester
			009.3 009.30 009.31 009.32 009.33	Supervision of pregnancy with insufficient antenatal care unspecified trimester first trimester second trimester third trimester
			009.4 009.40 009.41 009.42 009.43	Supervision of pregnancy with grand multiparity unspecified trimester first trimester second trimester third trimester
			009.5	Supervision of elderly primigravida and multigravida
			009.51 009.511 009.512 009.513 009.519	Supervision of elderly primigravida first trimester second trimester third trimester unspecified trimester
			009.52 009.521 009.522 009.523 009.529	Supervision of elderly multigravida first trimester second trimester third trimester unspecified trimester

ICD-9	Description	Direct/ Approx.	ICD-10	Description
V23.8	Other high-risk pregnancy (continued)		009.6	Supervision of young primigravida and multigravida
			009.61 009.611 009.612 009.613 009.619	Supervision of young primigravida first trimester second trimester third trimester unspecified trimester
			009.62 09.621 009.622 009.623 009.629	Supervision of young multigravida first trimester second trimester third trimester unspecified trimester
			009.7 009.70 009.71 009.72 009.73	Supervision of high-risk pregnancy due to social problems unspecified trimester first trimester second trimester third trimester
			009.8	Supervision of other high-risk pregnancies
			009.81 009.811 009.812 009.813 009.819	Supervision of pregnancy resulting from assisted reproductive technology first trimester second trimester third trimester unspecified trimester
			009.82 009.821 009.822 009.823 009.829	Supervision of pregnancy with history of inutero procedure during previous pregnancy first trimester second trimester third trimester unspecified trimester
			009.89 009.891 009.892 009.893 009.899	Supervision of other high-risk pregnancies first trimester second trimester third trimester unspecified trimester
			009.9 009.90 009.91 009.92 009.93	Supervision of high-risk pregnancy, unspecified unspecified trimester first trimester second trimester third trimester

Current Procedural Terminology (CPT) Codes

Current Procedural Terminology (CPT®) codes were developed and are maintained by the American Medical Association (AMA). They are alphanumeric codes that medical coders and billers use to report health care services and procedures to payers for reimbursement. The purpose of CPT® is to provide a uniform language accurately describing medical, surgical and diagnostic services. Level II HCPCS codes are used to capture supplies such as drugs,

devices and other supplies used for treating the patient. Together, the codes serve as an effective means for reliable nationwide communication within the health care industry. CPT codes and guidelines should be reviewed prior to billing of services using the official AMA CPT guide. Please direct any questions regarding codes to the payer being billed. The following is a subset of common codes that describes STD and HIV related diagnostic services and supplies:

COMMON CPT CODES

CPT/HCPCS	Type	Description
HIV Related Diagnostic Lab Tests		
86689	Lab - HIV	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	Lab - HIV	Antibody; HIV-1
86702	Lab - HIV	Antibody; HIV-2
86703	Lab - HIV	Antibody; HIV-1 and HIV-2, single result
87389	Lab - HIV	EIA HIV 1 antibody with HIV 1 & HIV2 antigens: qualitative or semi-quantitative; single step
87390	Lab - HIV	EIA HIV 1; qualitative or semi-quantitative; multi-step
87391	Lab - HIV	EIA HIV 2; qualitative or semi-quantitative; multi-step
87534	Lab - HIV	DNA/RNA; HIV 1; direct probe
87535	Lab - HIV	DNA/RNA; HIV 1; amplified probe
87536	Lab - HIV	DNA/RNA; HIV 1; quantification
87537	Lab - HIV	DNA/RNA; HIV 2; direct probe
87538	Lab - HIV	DNA/RNA; HIV 2; amplified probe
87539	Lab - HIV	DNA/RNA; HIV 2 quantification
87900	Lab - HIV	HIV phenotype testing for prediction using (regularly updated) genotype biochemical and biological analysis
87901	Lab - HIV	HIV genotype testing (mutation analysis) for resistance
87903	Lab - HIV	HIV phenotype testing (resistance testing) - first 10 drugs

CPT/HCPCS	Type	Description
87904+	Lab - HIV	HIV phenotype testing (resistance testing) - for each additional drug (list separately in addition to primary procedure)
87906	Lab - HIV	HIV Genotype DNA/RNA
87999	Lab - HIV	Trofile Co-Receptor Tropism Assay
G0432	Lab - HIV	EIA HIV-1/HIV-2 screen (<i>Use for Medicare and some commercial payers</i>)
G0433	Lab - HIV	ELISA HIV-1/HIV-2 screen (<i>Use for Medicare and some commercial payers</i>)
G0435	Lab - HIV	Oral HIV-1/HIV-2 screen (<i>Use for Medicare and some commercial payers</i>)
S3645	Lab - HIV	HIV-1 antibody testing of oral mucosal transudate (<i>Use for Medicare and some commercial payers</i>)
Other STD Related Diagnostic Lab Tests		
Chlamydia (CT)		
86631	Lab - CT	Chlamydia antibody
86632	Lab - CT	Chlamydia igm antibody
87110	Lab - CT	Chlamydia culture, any source
87270	Lab - CT	Chlamydia antigen detection by immunofluorescent technique
87320	Lab - CT	Chlamydia antigen detection by enzyme immunoassay technique
87490	Lab - CT	Chlamydia trachomatis dna direct probe technique
87491	Lab - CT	Chlamydia trachomatis, amplified probe technique
87492	Lab - CT	Chlamydia trachomatis, quantification
87810	Lab - CT	Chlamydia antigen detection by immunoassay with direct optical observation
Gonorrhea (GC)		
87081	Lab - GC	Culture, presumptive, pathogenic organisms, screening only
87590	Lab - GC	Neisseria gonorrhea, direct probe technique
87591	Lab - GC	Neisseria Gonorrhea, amplified probe technique
87592	Lab - GC	Neisseria gonorrhea, quantification
87850	Lab - GC	Neisseria gonorrhea antigen detection by immunoassay with direct optical observation
Hepatitis A (HAV), Hepatitis B (HBV), Hepatitis C (HCV)		
86708	Lab - HAV	Hepatitis A antibody (HAAb); total
86709	Lab - HAV	Hepatitis A antibody (HAAb); IgM antibody
86704	Lab - HBV	Hepatitis B core antibody (HBcAb); total
86705	Lab - HBV	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Lab - HBV	Hepatitis B surface antibody (HBsAb)
87340	Lab - HBV	Hepatitis B surface antigen detection by EIA (HBsAg)
87341	Lab - HBV	Hepatitis B surface, ag, eia

CPT/HCPCS	Type	Description
87912	Lab - HBV	Hepatitis B virus; Infectious agent genotype analysis by nucleic acid (DNA or RNA)
86803	Lab - HCV	Hepatitis C antibody
86804	Lab - HCV	Hepatitis C antibody; confirmatory test (eg, immunoblot)
87520	Lab - HCV	Hepatitis C, direct probe technique
87521	Lab - HCV	Hepatitis C, amplified probe technique
87522	Lab - HCV	Hepatitis C, quantification
87902	Lab - HCV	Hepatitis C virus; Infectious agent genotype analysis by nucleic acid (DNA or RNA)
G0472	Lab - HCV	Hepatitis C antibody screening for individual at high risk and other covered indication(s) <i>(Use for Medicare and some commercial payers)</i>
Herpes (HSV)		
86695	Lab - HSV	AB, Herpes Simplex Type 1
86696	Lab - HSV	AB, Herpes Simplex Type 2
87252	Lab - HSV	Culture, Herpes Simplex Virus
HPV		
87623	Lab - HPV	Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44) – NEW 2015
87624	Lab - HPV	Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) – NEW 2015
87625	Lab - HPV	Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed – NEW 2015
Syphilis		
86592	Lab - Syph	Syphilis test, Qualitative (e.g., VDRL, RPR)
86593	Lab - Syph	Syphilis test, Quantitative (e.g., VDRL, RPR)
87164	Lab - Syph	Dark field exam for Syphilis, Treponema pallidum exam, Spirochetes
Other Commonly Used Codes		
81002	Lab	Dipstick or tablet reagent urinalysis (non-automated)
81003	Lab	Dipstick or tablet reagent urinalysis (automated, without microscopy)
81025	Lab	Urine pregnancy test
86380	Lab	CD4 County
86580	Lab	Purified protein derivative (PPD) skin test
87205	Lab	Smear Primary Source, Gram
87210	Lab	Smear, wet mount, (eg, saline, India ink, KOH preps)
87220	Lab	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi
88142	Lab	Cytopath, c/v, thin layer (Pap smear)

CPT/HCPCS	Type	Description
Vaccines—Common		
90632	HAV	Hepatitis A adult dosage)
90633	HAV	Hepatitis A Pedi/adolescent dosage - 2 dose schedule
90634	HAV	Hepatitis A Pedi/adolescent dosage - 3 dose schedule
90636	HAV/HBV	HAV/HBV Combo (Twinrix)
90739	HBV	Hepatitis B adult dosage - 2 dose schedule
90740	HBV	Hepatitis B for immunosuppressed - 3 dose schedule
90743	HBV	Hepatitis B Adolescent dosage - 2 dose schedule
90744	HBV	Hepatitis A Pedi/adolescent dosage - 3 dose schedule
90746	HBV	Hepatitis B Adult dosage – 2 dose schedule
90747	HBV	Hepatitis B for immunosuppressed - 4 dose schedule
90649; 90650	Toxoid	HPV – Gardasil; Cervarix
Administrations		
36415	Admin	Collection of venous blood by venipuncture
36416	Admin	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
90465-90474	Admin	Administration of vaccines
96372	Admin	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
Contraceptive / Drug Supplies—Common		
A4267	Supply	Contraceptive supply, condom, male, each
A4268	Supply	Contraceptive supply, condom, female, each
J0456	Drug	Injection, azithromycin, 500 mg
J0561	Drug	Injection, penicillin g benzathine, 100,000 unit
J0696	Drug	Injection, ceftriaxone sodium, per 250 mg
J1050	Drug	Injection, medroxyprogesterone acetate, 1 mg (Depo Provera)
J7300	LARC	IUD - Copper Paragard
J7301	LARC	IUD - Skyla
J7302	LARC	IUD - Mirena
J7303	Supply	Contraceptive supply, hormone containing vaginal ring, each
J7304	Supply	Contraceptive supply, hormone containing patch, each
J7307	LARC	Etonogestrel (contraceptive) implant system, including implant and supplies (Nexplanon, Implanon)
J3490	Drug	Emergency Contraception – <i>Check with Payer for appropriate code</i>
S4994	Drug	Contraceptive pills for birth control

CPT/HCPCS	Type	Description
Procedures, Medical Visits and Other Services		
17110/17111	Procedure	Molluscum Destruction (1-14/15+)
46900/46924	Procedure	Destruction of lesions, anus (simple/extensive)
54050/54065	Procedure	Destruction of lesions, penis (simple/extensive)
56501/56515	Procedure	Destruction of lesions, vulva (simple/extensive)
57061/57065	Procedure	Destruction of lesions, vaginal (simple/extensive)
57454	Procedure	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
99384; 99385; 99386; 99387	E/M	Initial comprehensive preventive medicine evaluation and management, new patient; 12-17 years of age; 18-39 years of age; 40-64 years of age; 65 years and older
99394; 99395; 99396; 99397	E/M	Periodic comprehensive preventive medicine reevaluation and management, established patient; 12-17 years of age; 18-39 years of age; 40-64 years of age; 65 years and older
99201 - 99205	E/M	Office or other outpatient visit for the evaluation and management of a new patient (Brief, Focused, Expanded, Detailed, Comprehensive based on 3 key components: History, Exam and Medical-decision-making OR counseling time documented)
99211 - 99215	E/M	Office or other outpatient visit for the evaluation and management of an established patient (Brief, Focused, Expanded, Detailed, Comprehensive based on 3 key components: History, Exam and Medical-decision-making OR counseling time documented)
99401-99404	Counseling	Preventive counseling (*Time-based codes)
99406; 99407	Counseling	Smoking and tobacco-use cessation counseling visit (Intermediate > 3 minutes, <= 10 minutes; Intensive > 10 minutes)
G0436; G0437	Counseling	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes; Intensive, greater than 10 minutes); <i>(Use for Medicare and some commercial payers)</i>
G0445	Counseling	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes; <i>(Use for Medicare and some commercial payers)</i>
99408; 99409	Counseling	Alcohol and/or substance abuse structured screening and brief intervention services; (15 to 30 minutes; >30 minutes)
G0442; G0443	Counseling	Annual alcohol misuse screening, 15 minutes; Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes) <i>(Use for Medicare and some commercial payers)</i>
T1013	Other	Interpreter Services
99051	Other	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service (Also see 99050 – 99060)

Modifiers

The use of modifiers is an important part of coding and billing for health care services. Modifiers are two-digit codes (numeric or alphanumeric) appended to CPT and/or HCPCS codes to indicate that a procedure or service has been altered by a specific circumstance, but has not changed the code's definition. Third-party payers will also specify which modifiers you can use. In some cases, adding a modifier may directly alter reimbursement.

Modifier 92—Alternative Laboratory Platform Testing: With current CDC recommendations on routine testing and the move toward HIV testing as a routine part of care, more providers may use rapid test kits. Several of these are CLIA-waived and suitable for use in physician offices. The following is the CPT guidance for use of this modifier: “When laboratory testing is being performed using a kit or

transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703).” Only report with Path/Lab test codes (86701-86703, G0433-G0435).*

Modifier QW—CLIA waived test: In accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA ‘88), a laboratory provider must have: a Certificate of Compliance, a Certificate of Accreditation or a Certificate of Registration in order to perform clinical diagnostic laboratory procedures of high or moderate complexity. Waived tests include test systems cleared by the FDA designated as simple, have a low risk for error and are approved for waiver under the CLIA criteria. Only report with Path/Lab test codes (86701-86703, G0433-G0435)*

*Source: http://www.healthhiv.org/modules/info/files/files_5152a897e-a12e.pdf

CODING SCENARIOS

A **20-year-old single male** returns to your clinic for HIV screening. He declines other STD testing. He has had recent multiple sexual partners, both male and female. The clinician meets with the patient and counsels him on HIV and risk reduction. Face-to-face counseling is documented as greater than 50% of the 15-minute visit with the clinician. Patient is given an HIV rapid test. Test results are negative. What codes do we need for this visit?

CPT/HCPCS Codes:

99213 for problem focused E/M for an established patient, 86701 with modifier 92 for antibody HIV-1 test *or* 86703 with modifier 92 for antibody HIV-1 and HIV-2 single assay. Append Modifier 92 to indicate rapid test, Alternative Laboratory Platform Testing.

Related ICD-9 Codes:

V73.89 Special screening for other specified viral diseases (HIV), V69.2 High risk sexual behavior, V65.44 HIV Counseling.

Related ICD-10 Codes:

Z11.4 Encounter for screening for human immunodeficiency virus (HIV), Z72.53 High risk bisexual behavior, Z71.7 Human immunodeficiency virus (HIV) counseling.

A **25-year-old female** returns to your clinic for her HIV results as a follow-up to an earlier exam. The clinician advises the patient she is HIV+ (asymptomatic HIV). The clinician counsels her about what it means to be HIV+, reviews risk factors, and refers her to an HIV specialist. Face-to-face counseling with the clinician is 15 of the minutes of the 20-minute encounter. What codes do we need for this visit?

CPT/HCPCS Codes:

99213 for established patient problem focused E/M.

Related ICD-9 Codes:

V08 Asymptomatic human immunodeficiency virus (HIV) infection status, V65.44 HIV Counseling.

Related ICD-10 Codes:

Z21 Asymptomatic human immunodeficiency virus (HIV) infection status, Z71.7 Human immunodeficiency virus (HIV) counseling.

An **18-year-old female** patient returns to your clinic Wednesday evening at 7 p.m. to have extensive genital warts on her vulva removed that were diagnosed at her previous visit. The clinician treats the lesions using cryosurgery. What codes do we need for this visit?

CPT/HCPCS Codes:

56515 for destruction of vulvar warts, extensive, 99051 for regularly scheduled office evening hours after 6 pm.

Note: Do not bill for an E/M unless the documentation clearly supports it being separate and distinct from the lesion removal procedure.

Related ICD-9 Codes:

078.11 Condyloma accuminatum.

Related ICD-10 Codes:

A63.0 Anogenital (venereal) warts.

A **26-year-old male** presents to your clinic for the first time. He meets with the clinician and expresses concern over his partner having a vaginal discharge and “wants to be checked”. Genital exam is negative. Specimens are obtained for gonorrhea (GC) and chlamydia (CT) testing, and blood draw is performed for syphilis, HSV, HPV and HIV serologies. Patient is given condoms x 12 and counseled on safe sex practices. Face-to-face counseling time is documented as > 50% of the 20 minute encounter with the clinician. What codes do we need for this visit?

CPT/HCPCS Codes:

99202 for problem-focused E/M for a new patient based on time, 36415 for venipuncture for blood draw; Outside lab will bill for ordered tests. A4267 for contraceptive supply, condom, male, each. Check with payers regarding reimbursement for condoms.

Related ICD-9 Codes:

V01.6 Contact with or exposure to venereal diseases, V74.5 Screening Venereal Disease, V73.89 Special screening for other specified viral diseases (HIV), V73.98 Special screening examination for unspecified chlamydial disease, V73.81 Special screening examination for Human papillomavirus (HPV).

Related ICD-10 Codes:

Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission, Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission, Z11.4 Encounter for screening for human immunodeficiency virus (HIV), Z11.8 Encounter for screening for other infectious and parasitic diseases, Z11.51 Encounter for screening for human papillomavirus (HPV).

A **32-year-old established female patient** presents seeking GC treatment. Her male partner of 1 year was treated 2 days prior after coming to the center for STI testing. She has been monogamous in the relationship. Using DMPA as contraception; condom use is described as “sporadic”. Vitals taken and general appearance noted. GC /CT NAAT test ordered. Patient will be treated presumptively for GC. Ceftriaxone 250 mg IM injection given in right deltoid. Medications dispensed: Azithromycin 1GM po stat. Patient is counseled face-to-face by the clinician for more than 50% of this 20-minute visit in regards to STI and safe sex practices. Time is documented. Patient will call for results. What codes do we need for this visit?

CPT/HCPCS Codes:

99213 for problem-focused E/M for an established patient based on time, J0696 for the injection, ceftriaxone sodium, per 250 mg, 96372 therapeutic prophylactic, or diagnostic injection; subcutaneous or intramuscular and Q0144 for Azithromycin dehydrate, oral, capsules/powder, 1 gram. Outside lab will bill for ordered tests. Append a Modifier 25 to the E/M to show it is separate and distinct from the injection.

Related ICD-9 Codes:

V01.6 Contact with or exposure to venereal diseases, V74.5 screening examination for venereal disease, V73.98 Special screening examination for unspecified chlamydial disease, 098.0 Gonococcal infection (acute) of lower genitourinary tract. Note diagnosis codes for screening and testing are assigned until disease is confirmed by lab testing.

Related ICD-10 Codes:

Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission, Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission), Z11.8 Encounter for screening for other infectious and parasitic diseases, A54.00 Gonococcal infection of lower genitourinary tract, unspecified (review A54 codes for further specificity).

RESOURCES

- American Medical Association, CPT. www.ama-assn.org/go/cpt
- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010; 59 (No. RR-12). (Note: updated guidelines anticipated in 2015) <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm>
- Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006; 55 (No. RR-14); 1-17. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>
- Centers for Medicare and Medicaid (CMS). Evaluation and Management Services Guide. November 2014. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf
- HCPCS codes, Centers for Medicare and Medicaid services. www.cms.gov/medhcpcsgeninfo
- ICD-9 Diagnosis Coding, ICD-9-CM Professional for Physicians—Volumes 1 & 2. OPTUM 2013.
- ICD-10-CM, The Complete Official Draft Code Set. OPTUM 2013.
- CMS Medicare Learning Network. Preventive Services Codes and Billing Information. January 2015 [click button for “HIV Screening”] https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- US Preventive Task Force. Recommendations for STI Screening. <http://www.uspreventiveservicestaskforce.org/uspstf08/methods/stinfections.htm>