



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

## Screening for Human Immunodeficiency Virus Infection



## Women's Preventive Services Initiative (WPSI) Screening for Human Immunodeficiency Virus Infection

---

**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:

<b>99401</b>	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
<b>99402</b>	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
<b>99403</b>	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
<b>99404</b>	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
<b>99411</b>	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
<b>99412</b>	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. The code descriptions for CPT codes 99202-99215 have been revised to depict a code range.

Effective January 1, 2021, 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. Note that the "typical times" for each code have been revised to depict a range of time. Although it will not influence code selection, providers should also continue to perform a clinically relevant history and physical exam as best practice.

## 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:*

<b>High-Risk Sexual Behavior</b>	
<b>Code Description</b>	<b>Code</b>
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
<b>Drug Use</b>	
Drug use complicating pregnancy, childbirth, and puerperium	O99.32-
Opioid use, uncomplicated	F11.9-
Opioid abuse, uncomplicated	F11.1-
Opioid dependence, uncomplicated	F11.2-
<b>Sex Trafficking</b>	
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
<b>Imprisonment</b>	
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