



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

Well-Woman Preventive Visits\*



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**Clinical Recommendations:** The Women's Preventive Services Initiative recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services. The primary purpose of well-woman visits is the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single visit or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include prepregnancy, prenatal, postpartum and interpregnancy visits.

**Implementation Considerations:** Well-woman preventive services may include, but are not limited to, assessment of physical and psychosocial function, primary and secondary prevention and screening, risk factor assessments, immunizations, counseling, education, prepregnancy care, and many services necessary for prenatal, postpartum and interpregnancy care. Visits should allow sufficient time to address and coordinate services, and a team-based approach may facilitate delivery of services. Recommended services are evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, and immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Recommended services for adolescents also include evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration, and for women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

*The Recommendations for Well-Woman Care – A Well-Woman Chart* provides a framework for incorporating preventive health services for women into clinical practice.

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## **PROCEDURE CODES**

### **NON-MEDICARE PAYERS**

Preventive medicine services are reported for comprehensive E/M services provided to patients who have no current symptoms or diagnosed illness. Preventive codes are used to report annual well-woman examinations and include:

- ✔ Counseling/anticipatory guidance/risk factor reduction interventions
- ✔ Age and gender-appropriate comprehensive history

\*Updated 2022. Coverage provided without cost-sharing begins for updated recommendations on January 1, 2023. Services recommended in the previous version will remain available until December 31, 2022. Please see the [HRSA Women's Preventive Services Guidelines website](#) for more coverage information.

## RECOMMENDATION CODING

- ✔ Age and gender-appropriate comprehensive physical examination including in most cases but not limited to
  - gynecological exam
  - breast exam
  - collection of Pap smear specimen
- ✔ Discussions about the status of previously diagnosed stable conditions
- ✔ Ordering of appropriate laboratory and diagnostic procedures and immunizations
- ✔ Discussions about issues related to the patient's age or lifestyle

Preventive medicine codes (**99381-99387** and **99391-99397**) are used to report annual well-woman examinations and determined by the age of the patient and whether she is considered a new or established patient to the physician or practice. Preventive codes do not require a chief complaint, history of present illness or medical decision making, cannot be reported using time, and may be performed in any setting. The Centers for Medicare and Medicaid E/M documentation guidelines do not apply to preventive services codes.

## DIAGNOSIS CODES

### NON-MEDICARE PAYERS

- Z01.419** Encounter for gynecological examination (general) (routine) without abnormal finding
- Z01.411** Encounter for gynecological examination (general) (routine) with abnormal finding

The codes for routine health examinations distinguish between “with” and “without” abnormal findings. The specific code is selected based on what is known at the time the encounter is being coded.

An additional code(s) is reported to identify any abnormal finding. If there are no abnormal findings during the exam, but the subsequent test results are abnormal, the encounter is still reported using the code without abnormal findings (Z01.419). Any follow-up visits to address the abnormality are reported using the code for the identified condition.

ICD-10-CM instructs that for the purpose of assigning codes from this category, an “abnormal finding” is a newly discovered condition, or a known/chronic condition that has increased in severity, (e.g., uncontrolled, and/or acuted exacerbated).

ACOG's Committee on Health Economics and Coding suggests the following:

In general, most well woman visits will be linked to Z01.419. Use Z01.411 for a significant physical finding, symptom, or complaint that requires additional evaluation above the typical “well woman visit.” This includes the ordering and interpretation of additional ancillary services.

**CODING SCENARIOS**

A 32-year old new patient presents for her annual preventive medicine service. During this service, Doctor V determines that the patient should have an appropriate Pap test and the specimen is collected.

DR. V Billing-CPT	Diagnoses	Diagnosis Description
99385	Z01.419	Encounter for routine gynecologic exam without abnormal finding
<b>Billing Rationale:</b>	This service will be covered with no cost sharing or out of pocket cost from the patient.	

A 63-year-old established patient presents for her preventive screening service. Doctor F determines that a Pap smear is indicated. The patient’s existing problems (e.g. hypertension, HRT, and osteoporosis) are addressed. v

DR. W Billing-CPT	Diagnoses	Diagnosis Description
99396	Z01.419	Encounter for routine gynecologic exam without abnormal finding
<b>Billing Rationale:</b>	This service will be covered with no cost sharing or out of pocket cost from the patient. Monitoring of existing health problems are included as part of the preventive medicine service.	