

# Texas Billing and Coding Guide

A Resource for Providers of HIV, STD and Related Services



2014

# Texas Billing and Coding Guide

A Resource for Providers of HIV, STD and Related Services

## ACKNOWLEDGEMENTS

### Cardea

For more than 40 years, Cardea has provided training, organizational capacity building, and research and evaluation services to improve organizations' abilities to deliver accessible, culturally proficient, and compassionate services to their clients. Cardea serves as the STD-related Reproductive Health Training and Technical Assistance Center (STDRHTTAC) for U.S. Public Health Regions VI, IX, and X. Cardea has developed this guide in partnership with the Texas Oklahoma AIDS Education and Training Center as part of a resource portfolio to support public health programs with third-party billing for sexually transmitted disease (STD) and other related services. Along with this and other resources, the portfolio will include:

- Webinars and other resource materials
- An online learning community to facilitate peer learning
- Customized training and technical assistance

### Contact us for more information:

Nikki Trevino, [ntrevino@cardeaservices.org](mailto:ntrevino@cardeaservices.org) or 512-474-2166

### Cardeaservices.org

*Funded by a cooperative agreement by the Office of Population Affairs, within the Office of the Assistant Secretary for Health in collaboration with the Division of STD Prevention within the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.*

### Texas/ Oklahoma AIDS Education and Training Center

The Texas/Oklahoma AIDS Education and Training Centers is one of the regional offices of the AIDS Education and Training Center (AETC) Program. The AETC Program is the professional training arm of the Ryan White HIV/AIDS Program. One of the largest and most comprehensive professional education programs dedicated to HIV/AIDS, the AETC Program was developed by Health Resources and Services Administration (HRSA), U.S. Public Health Service, and the Department of Health and Human Services to provide customized, multi-disciplinary training programs for healthcare providers treating persons living with HIV/AIDS.

### Contact us for more information:

Marcos Alcorn, [marcos.alcorn@phhs.org](mailto:marcos.alcorn@phhs.org) or 214-590 - 1650

### Aidseducation.org

*This Texas Billing and Coding Guide was made possible by AETC grant award #H4AHA00061 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). Dallas County Hospital District operates an AIDS Education and Training Center (AETC) that strengthens the capacity of health care professionals to care for people living with HIV/AIDS through training and technical assistance. The information presented here is the consensus of HIV/AIDS specialists in the Texas/Oklahoma AIDS Education & Training Center (TX/OK AETC) and does not necessarily represent the official views of HRSA/HAB.*

## 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. For more information about billing and revenue cycle management, visit the resources section of this document.

## 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) 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. For a list comparing these recommendations, please see the resources section.

## Why provide screening for STDs?

- Chlamydia and Gonorrhea prevalence is highest among adolescents and young adults under 25
- STDs can have severe effects to 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.

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). Please note that the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services. Included below are common ICD codes that are used for coding STD and HIV services as reference. Multiple codes may need to be documented to support medical necessity when billing for services. ICD coding guidelines, including specific rules for coding HIV, should always be consulted for accurate coding purposes.

### ICD-9 to ICD-10 Crosswalk

HIV Specific Codes			
ICD-9	Description	ICD-10	Description
<b>V70.0</b>	Routine general medical examination at a health care facility	<b>Z00.00</b>	Encounter for general adult medical examination without abnormal findings
		<b>Z00.01</b>	Encounter for general adult medical examination abnormal findings* *Use additional code to identify abnormal findings (R70-R94)
<b>V73.89</b>	Special screening examination for other specified viral diseases (HIV/AIDS)	<b>Z11.4</b>	Encounter for screening for human immunodeficiency virus (HIV)
<b>V65.44</b>	HIV counseling	<b>Z71.7</b>	HIV counseling
<b>V69.2</b>	High-risk sexual behavior	<b>Z72.51</b>	High-risk heterosexual behavior
		<b>Z72.52</b>	High-risk homosexual behavior
		<b>Z72.53</b>	High-risk bisexual behavior
<b>V69.8</b>	Other problems related to lifestyle	<b>Z72.89</b>	Other problems related to lifestyle (self-damaging behavior)
<b>042</b>	HIV disease	<b>B20</b>	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

ICD- 9	Description	ICD- 10	Description
<b>079.53</b>	HIV, type 2 (HIV-2) * Report as secondary diagnosis code only (when applicable)	<b>B97.35</b>	HIV, type 2 (HIV-2) as the cause of diseases classified elsewhere
<b>V08</b>	Asymptomatic HIV infection status	<b>Z21</b>	Asymptomatic HIV infection status. * Code first HIV disease complicating pregnancy, childbirth and the puerperium, if applicable (098.7-)
<b>Screening Tests: Increased Risk of Infection</b>			
<b>V70.0</b>	Routine general medical examination at a health care facility	<b>Z00.00</b>  <b>Z00.01</b>	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)
<b>V01.1</b>	Contact with or exposure to tuberculosis	<b>Z20.1</b>	Contact with and (suspected) exposure to tuberculosis
<b>V01.6</b>	Contact with or exposure to venereal diseases	<b>Z20.2</b>	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
<b>V02.7</b>  <b>V02.8</b>	Carrier or suspected carrier of gonorrhea  Carrier or suspected carrier of other venereal diseases	<b>Z22.4</b>	Carrier of infections with a predominantly sexual mode of transmission
<b>V12.00</b>  <b>V12.09</b>	Personal history of unspecified infectious and parasitic disease  Personal history of other infectious and parasitic diseases	<b>Z86.19</b>	Personal history of other infectious and parasitic diseases  *Conditions classifiable to A00-B89, B99,
<b>V69.2</b>	High-risk sexual behavior	<b>Z72.51</b> <b>Z72.52</b> <b>Z72.53</b>	High-risk heterosexual behavior High-risk homosexual behavior High-risk bisexual behavior
<b>V69.8</b>	Other problems related to lifestyle	<b>Z72.89</b>	Other problems related to lifestyle (Self-damaging behavior)
<b>V73.81</b>	Special screening examination for human papillomavirus (HPV)	<b>Z11.51</b>	Encounter for screening for HPV
<b>V73.88</b>  <b>V73.98</b>	Special screening examination for other specified chlamydial diseases  Special screening examination for unspecified chlamydial disease	<b>Z11.8</b>	Encounter for screening for other infectious and parasitic diseases  (Encounter for screening for chlamydia, rickettsial, spirochetal or mycoses)

<b>V73.89</b>	Special screening examination for other specified viral diseases (HIV)	<b>Z11.59</b>	Encounter for screening for other viral diseases
		<b>Z11.4</b>	Encounter for screening for HIV
<b>V73.99</b>	Special screening examination for unspecified viral disease	<b>Z11.59</b>	Encounter for screening for other viral diseases
<b>V74.1</b>	Screening examination for pulmonary tuberculosis	<b>Z11.1</b>	Encounter for screening for respiratory tuberculosis
<b>V74.5</b>	Screening examination for venereal disease	<b>Z11.3</b>	Encounter for screening for infections with a predominantly sexual mode of transmission
<b>V75.8</b>	Screening examination for other specified parasitic infections	<b>Z11.0</b>	Encounter for screening for intestinal infectious diseases
		<b>Z11.8</b>	Encounter for screening for other infectious and parasitic diseases

### Diagnostic Testing

ICD- 9	Description	ICD- 10	Description
<b>053.9</b>	Herpes zoster without mention of complication	<b>B02.9</b>	Zoster without complications (Shingles, zona)
<b>054.10</b>	Genital herpes, unspecified	<b>A60.9</b>	Anogenital herpesviral infection, unspecified
<b>054.11</b>	Herpetic vulvovaginitis	<b>A60.04</b>	Herpesviral vulvovaginitis
<b>054.12</b>	Herpetic ulceration of vulva		(Herpesviral (herpes simplex) ulceration, vaginitis, vulvitis)
<b>054.13</b>	Herpetic infection of penis	<b>A60.01</b>	Herpesviral infection of penis
<b>054.19</b>	Other genital herpes	<b>A60.09</b>	Herpesviral infection of other urogenital tract
<b>054.2</b>	Herpetic gingivostomatitis (Simplex Oral)	<b>B00.2</b>	Herpesviral gingivostomatitis and pharyngotonsillitis
<b>054.8</b>	Herpes simplex with unspecified complication	<b>B00.9</b>	Herpesviral infection, unspecified (Herpes simplex infection NOS)
<b>054.9</b>	Herpes simplex without mention of complication		
<b>078.0</b>	Molluscum contagiosum	<b>B08.1</b>	Molluscum contagiosum
<b>078.11</b>	Condyloma acuminatum	<b>A63.0</b>	Anogenital (venereal) warts (Anogenital warts due to HPV, Condyloma acuminatum)



ICD- 9	Description	ICD- 10	Description
078.19	Other specified viral warts	B07.8	Other viral warts
078.88	Other specified diseases due to chlamydiae	A74.89	Other chlamydial diseases
079.98	Unspecified chlamydial infection	A74.9	Chlamydial infection, unspecified (Chlamydiosis NOS)
091.0	Genital syphilis (primary)	A51.0	Primary genital syphilis (Syphilitic chancre NOS)
091.1	Primary anal syphilis	A51.1	Primary anal syphilis
091.4	Adenopathy due to secondary syphilis	A51.49	Other secondary syphilitic conditions (Secondary syphilitic lymphadenopathy or myositis)
091.69	Secondary syphilis of other viscera		
091.7	Secondary syphilis, relapse		
091.89	Other forms of secondary syphilis		
091.9	Unspecified secondary syphilis		
092.0	Early syphilis, latent, serological relapse after treatment.	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.)
092.9	Early syphilis, latent, unspecified		
096	Late syphilis, latent	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	A53.9	Syphilis, unspecified (Infection due to Treponema pallidum NOS, Syphilis (acquired) NOS)
098.0	Gonococcal infection (acute) of lower genitourinary tract	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
098.2	Gonococcal infection, chronic, of lower genitourinary tract		
098.10	Gonococcal infection (acute) of upper genitourinary tract, site unspecified	A54.29	Other gonococcal genitourinary infections
098.19	Gonococcal (acute) upper genitourinary NEC		
098.12	Gonococcal prostatitis acute	A54.22	Gonococcal prostatitis
098.32	Gonococcal prostatitis, chronic		

ICD-9	Description	ICD - 10	Description
<b>098.13</b>	Gonococcal epididymo-orchitis (acute)	<b>A54.23</b>	Gonococcal infection of other male genital organs (Gonococcal epididymitis, Gonococcal orchitis)
<b>098.14</b>	Gonococcal seminal vesiculitis (acute)		
<b>098.33</b>	Gonococcal orchitis (chronic)		
<b>098.34</b>	Gonococcal seminal vesiculitis (chronic)		
<b>098.15</b>	Gonococcal cervicitis (acute)	<b>A54.03</b>	Gonococcal cervicitis, unspecified
<b>098.35</b>	Gonococcal cervicitis (chronic)		
<b>098.16</b>	Gonococcal endometritis (acute)	<b>A54.24</b>	Gonococcal female pelvic inflammatory disease (Gonococcal pelviperitonitis)
<b>098.7</b>	Gonococcal infection of anus and rectum	<b>A54.6</b>	Gonococcal infection of anus and rectum
<b>099.0</b>	Chancroid	<b>A57</b>	Chancroid (Ulcus molle)
<b>099.1</b>	Lymphogranuloma venereum	<b>A55</b>	Chlamydial lymphogranuloma (venereum)
<b>099.2</b>	Granuloma inguinale	<b>A58</b>	Granuloma inguinale
<b>099.40</b>	Other nongonococcal urethritis, unspecified	<b>N34.1</b>	Nonspecific urethritis (Nongonococcal urethritis, Nonvenereal urethritis)
<b>099.41</b>	Other nongonococcal urethritis, chlamydia trachomatis		
<b>099.52</b>	Other venereal diseases due to chlamydia trachomatis, anus and rectum	<b>A56.3</b>	Chlamydial infection of anus and rectum
<b>099.53</b>	Other venereal diseases due to chlamydia trachomatis, lower genitourinary sites	<b>A56.00</b>	Other venereal diseases due to chlamydia trachomatis, lower genitourinary sites
<b>110.3</b>	Dermatophytosis of groin and perianal area	<b>B35.6</b>	Tinea cruris (DHOB I tch, Groin ringworm, jock itch)
<b>112.0</b>	Candidiasis of mouth (Thrush Oral)	<b>B37.0</b>	Candidal stomatitis
		<b>B37.83</b>	Candidal cheilitis
<b>112.1</b>	Candidiasis of vulva and vagina	<b>B37.3</b>	Candidiasis of vulva and vagina (Candidal vulvovaginitis, monilial vulvovaginitis, vaginal thrush)
<b>112.84</b>	Candidal esophagitis	<b>B37.81</b>	Candidal esophagitis
<b>131.01</b>	Trichomonal vulvovaginitis	<b>A59.01</b>	Trichomonal vulvovaginitis
<b>133.0</b>	Scabies	<b>B86</b>	Scabies (Sarcoptic itch)

ICD- 9	Description	ICD- 10	Description
<b>599.0</b>	Urinary tract infection (UTI), site not specified	<b>N39.0</b>	Urinary tract infection, site not specified *Use Additional code (B95-B97), to identify infectious agent
<b>614.3</b>	Acute parametritis and pelvic cellulitis	<b>N73.0</b>	Acute parametritis and pelvic cellulitis (Abscess of broad ligament or parametrium, Pelvic cellulitis female) *Use Additional code (B95-B97), to identify infectious agent
<b>616.0</b>	Cervicitis and endocervicitis	<b>N72</b>	Inflammatory disease of cervix uteri (Cervicitis (with or without) erosion or ectropion; Endocervicitis (with or without) erosion or ectropion; Exocervicitis (with or without) erosion or ectropion) *Use Additional code (B95-B97), to identify infectious agent
<b>616.10</b>	Vaginitis and vulvovaginitis, unspecified	<b>N76.0</b> <b>N76.1</b> <b>N76.2</b> <b>N76.3</b>	Acute vaginitis Subacute and chronic vaginitis Acute vulvitis Subacute and chronic vulvitis *Use Additional code (B95-B97), to identify infectious agent
<b>623.5</b> <b>623.6</b> <b>623.8</b>	Leukorrhea, not specified as infective Vaginal hematoma Other specified non-inflammatory disorders of vagina	<b>N89.8</b>	Other specified non-inflammatory disorders of vagina (Leukorrhea NOS, Old vaginal laceration, Pessary ulcer of vagina)
<b>782.1</b>	Rash and other nonspecific skin eruption	<b>R21</b>	Rash and other nonspecific skin eruption
<b>788.1</b>	Dysuria	<b>R30.0</b> <b>R30.9</b>	Dysuria Painful micturition, unspecified (Painful urination NOS)
<b>788.7</b>	Urethral discharge	<b>R36.0</b> <b>R36.9</b>	Urethral discharge without blood Urethral discharge, unspecified (Penile discharge NOS, Urethrorrhea)
<b>795.00</b>	Abnormal glandular Papanicolaou smear of cervix	<b>R87.619</b>	Unspecified abnormal cytological findings in specimens from cervix uteri

ICD- 9	Description	ICD- 10	Description
<b>795.10</b>	Abnormal glandular Papanicolaou smear of vagina	<b>R87.628</b>	Other abnormal cytological findings on specimens from vagina
<b>795.19</b>	Other abnormal Papanicolaou smear of vagina and vaginal HPV		* Use additional code to identify acquired absence of the uterus and cervix, if applicable (Z90.71-)
<b>V05.3</b>	Need for prophylactic vaccination and inoculation against viral hepatitis	<b>Z23</b>	Encounter for immunization
<b>V05.8</b>	Need for prophylactic vaccination and inoculation against other specified disease		
<b>V25.03</b>	Encounter for emergency contraceptive counseling and prescription	<b>Z30.012</b>	Encounter for prescription of emergency contraception
<b>V25.09</b>	Other general counseling and advice on contraceptive management	<b>Z30.09</b>	Encounter for other general counseling and advice on contraception
<b>V65.42</b>	Counseling on substance use and abuse	<b>Z71.41</b>	Alcohol abuse counseling and surveillance of alcoholic
<b>V72.41</b>	Pregnancy exam or test, negative result	<b>Z32.02</b>	Encounter for pregnancy test, result negative
<b>V72.42</b>	Pregnancy exam or test, positive result	<b>Z32.01</b>	Encounter for pregnancy test, result positive
Pregnancy Related Codes			
ICD- 9	Description	ICD- 10	Description
V22.0	Supervision of normal first pregnancy	<b>Z34.0</b> <b>Z34.00</b> <b>Z34.01</b> <b>Z34.02</b> <b>Z34.03</b>	Encounter for supervision of normal first pregnancy ..... unspecified trimester ..... first trimester ..... second trimester ..... third trimester
V22.1	Supervision of other normal pregnancy	<b>Z34.8</b> <b>Z34.80</b> <b>Z34.81</b> <b>Z34.82</b> <b>Z34.83</b>	Encounter for supervision of other normal pregnancy ..... unspecified trimester ..... first trimester ..... second trimester ..... third trimester
V23.8	Other high-risk pregnancy	<b>009</b> <b>009.0</b> <b>009.00</b> <b>009.01</b> <b>009.02</b> <b>009.03</b>	Supervision of high-risk pregnancy (requires 4th and 5th digits) Supervision of pregnancy with history of infertility ..... unspecified trimester ..... first trimester ..... second trimester ..... third trimester

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

ICD- 9	Description	ICD- 10	Description
<b>V23.8</b>	Other high-risk pregnancy (continued)	<b>009.6</b>	Supervision of young primigravida and multigravida
		<b>009.61</b> <b>009.611</b> <b>009.612</b> <b>009.613</b> <b>009.619</b>	Supervision of young primigravida ..... first trimester ..... second trimester ..... third trimester ..... unspecified trimester
		<b>009.62</b> <b>09.621</b> <b>009.622</b> <b>009.623</b> <b>009.629</b>	Supervision of young multigravida ..... first trimester ..... second trimester ..... third trimester ..... unspecified trimester
		<b>009.7</b>  <b>009.70</b> <b>009.71</b> <b>009.72</b> <b>009.73</b>	Supervision of high-risk pregnancy due to social problems  ..... unspecified trimester ..... first trimester ..... second trimester ..... third trimester
		<b>009.8</b>	Supervision of other high-risk pregnancies
		<b>009.81</b>  <b>009.811</b> <b>009.812</b> <b>009.813</b> <b>009.819</b>	Supervision of pregnancy resulting from assisted reproductive technology  ..... first trimester ..... second trimester ..... third trimester ..... unspecified trimester
		<b>009.82</b>  <b>009.821</b> <b>009.822</b> <b>009.823</b> <b>009.829</b>	Supervision of pregnancy with history of in utero procedure during previous pregnancy  ..... first trimester ..... second trimester ..... third trimester ..... unspecified trimester
		<b>009.89</b> <b>009.891</b> <b>009.892</b> <b>009.893</b> <b>009.899</b>	Supervision of other high-risk pregnancies ..... first trimester ..... second trimester ..... third trimester ..... unspecified trimester
		<b>009.9</b> <b>009.90</b> <b>009.91</b> <b>009.92</b> <b>009.93</b>	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 a listing of standardized descriptions and five-character, 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. It serves 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. The following are a subset of common CPT codes that describe STD and HIV related diagnostic services.

### Common CPT Codes

HIV Related Diagnostic Lab Tests		
CPT	Type	Description
86689	Lab - HIV	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86701	Lab - HIV	Antibody; HIV-1
86703	Lab - HIV	Antibody; HIV-1 and HIV-2, single result
87534	Lab - HIV	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Lab - HIV	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and amplified probe technique
87536	Lab - HIV	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and quantification
87390	Lab - HIV	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple-step method; HIV-1
Other STD Related Diagnostic Lab Tests		
81002	Lab	Dipstick or tablet reagent urinalysis (non-automated)
81003	Lab	Dipstick or tablet reagent urinalysis (automated, without microscopy)
81025	Lab	Urine pregnancy test
86317	Lab	Hepatitis B Surface AB
86580	Lab	Purified protein derivative (PPD) skin test
86592	Lab	Syphilis Tests; Qualitative (e.g., VDRL, RPR)
86695	Lab	AB, Herpes Simplex Type 1

CPT	Type	Description
86696	Lab	AB, Herpes Simplex Type 2
86803	Lab	Hepatitis C antibody
87077	Lab	Neisseria Gonorrhoea Culture
87081	Lab	Culture, presumptive, pathogenic organisms, screening only
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
87340	Lab	Hepatitis B surface antigen
87491	Lab	Chlamydia trachomatis, amplified probe technique
87591	Lab	Neisseria Gonorrhoea, amplified probe technique
87621	Lab	HPV, Amplified Probe Technique
88141	Lab	Cyto-Cytology Smear (PAP)
<b>Vaccines - Common</b>		
90746	Toxoid	Hepatitis B Adult
90649; 90650	Toxoid	HPV – Gardasil; Cervarix
90658	Toxoid	Flu Vaccine
<b>Administrations</b>		
36415	Admin	Collection of venous blood by venipuncture
36416	Admin	Collection of capillary blood specimen (eg, finger, heel, ear stick)
90465-90474	Admin	Administration of vaccines
96372	Admin	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
<b>Drugs - Common</b>		
J0561	Drug	Injection, penicillin g benzathine, 100000 unit
J0696	Drug	Injection, ceftriaxone sodium, per 250 mg
<b>Procedures, Medical Visits and Other Services</b>		
17110	Procedure	Molluscum Destruction 1-14
17111	Procedure	Molluscum Destruction 15+
46900/46924	Procedure	Destruction of lesions, anus (simple/extensive)
54050/54065	Procedure	Destruction of lesions, penis (simple/extensive)



CPT	Type	Description
<b>56501/56515</b>	Procedure	Destruction of lesions, vulva (simple/extensive)
<b>57061</b>	Procedure	Destruction of lesions, vaginal (simple)
<b>55250</b>	Procedure	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
<b>99384; 99385; 99386, 99387</b>	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
<b>99394; 99395; 99396; 99397</b>	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
<b>99201 - 99205</b>	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)
<b>99211 - 99215</b>	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)
<b>99401-99404</b>	Other	Preventive counseling (*Time-based codes)
<b>99406; 99407</b>	Other	Smoking and tobacco-use cessation counseling visit (Intermediate > 3 minutes, <= 10 minutes; Intensive > 10 minutes)
<b>99408; 99409</b>	Other	Alcohol and/or substance abuse structured screening and brief intervention services; (15 to 30 minutes; >30 minutes)
<b>99051</b>	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)
<b>H0049; H0050</b>	Other	Alcohol and/or drug screening; Alcohol and/or drug service, brief intervention, per 15 minutes
<b>T1013</b>	Other	Interpreter Services

## *Healthcare Common Procedure Coding System (HCPCS) Codes for Billing Medicare*

HCPCS	Description
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening (conventional test)
G0433	G0433 Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening
G0435	G0435 Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening
A4267	Contraceptive supply, condom, male, each

### Modifiers

Modifiers are two-digit codes appended to CPT and/or HCPCS codes. They provide additional information about who provided the billed procedure. You can find these modifiers in the CPT and HCPCS coding manuals. Third-party payers will also specify which modifiers you can use. In some cases, adding a modifier may directly affect payment.

## CODING SCENARIOS

A **23-year-old single male** presents to your clinic wanting to know his HIV status. He declined testing and an exam. Patient met with a clinician and was given a Rapid HIV 1:2 test using a swab of the mouth for the specimen. No history or exam is provided. Results are negative. Pre and post counseling time was 15 minutes. What codes do we need for this visit?

**CPT Codes:**

99401 Preventive Medicine, Individual Risk Reduction Counseling, 86703-92 for HIV-1 and HIV-2 single assay. Append Modifier 92 to indicate rapid test indicating Alternative Laboratory Platform Testing: when a laboratory test is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable, analytical chamber.

**Potential ICD-9 Codes:**

V73.89 Special screening for other specified viral diseases (HIV), V65.44 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 positive, reviews risk factors and gives her a referral to see 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 Codes:**

99213 – Established patient problem focused E/M.

**Potential ICD-9 Codes:**

V08 Asymptomatic human immunodeficiency virus [HIV] infection status, V65.44 HIV Counseling.

An **18-year-old female** patient returns to your clinic Wednesday evening at 7 p.m. to have genital warts on her vulva removed that were diagnosed at her previous visit on Monday. The NP notes 20 lesions in the medical record and treats extensive lesions using cryosurgery. What codes do we need for this visit?

**CPT 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.

**Potential ICD-9 Codes:**

078.11 Condyloma acuminatum.

A **26-year-old male** presents to your clinic for the first time. He meets with the physician and expresses concern over his partner having a vaginal discharge and “wants to be checked”. Genital exam is negative. Urine dipstick is performed. A urine sample is obtained for GC and CT testing, and blood draw is performed for syphilis, HSV, HPV and HIV serologies. He is given condoms x 12 and counseled on safe sex practices. Face-to-face counseling time with the clinician is > 50% of the 30 minute encounter. What codes do we need for this visit?

**CPT Codes:**

99203 for the problem-focused E/M for a new patient based on time, 81002 for urinalysis dipstick without microscopy, 36415 for venipuncture for blood draw; Outside lab will bill for ordered tests.

**Supplies:**

Check with payor regarding condoms.

**Potential 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, Herpes), V73.98 Special screening examination for unspecified chlamydial disease, V73.81 Special screening examination for Human papillomavirus (HPV).

A **32-year-old established female patient** presents seeking gonorrhea 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 gonorrhea. 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 Codes:**

99213 for the 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.

**Potential 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. Note diagnosis codes for screening and testing are assigned until GC or CT is confirmed.

A **20-year-old single male** presents to your clinic requesting “screen me for everything.” He is an established patient. He has had multiple sexual partners, both male and female in the past 4 months including oral, anal (both insertive and receptive) and vaginal sex. He does not use condoms. No history of previous STI and is asymptomatic. Vitals taken, GU exam performed. Culture is done for gonorrhea (GC,) Chlamydia (CT), HPV, and herpes (HSV). Blood draw performed for syphilis (VDRL), HIV, hepatitis B and C. Patient instructed to return in 1 week for results. What codes do we need for this visit?

**CPT Codes:**

99213 Established patient problem focused E/M, 36415 Venipuncture for blood draw. Outside lab will bill for ordered tests.

**Potential ICD-9 Codes:**

V69.2 High-risk sexual behavior, V74.5 Screening Venereal Disease, V73.89 Special screening for other specified viral diseases (HIV, Herpes) , V73.98 Special screening examination for unspecified Chlamydial disease, V73.81 Special screening examination for Human papillomavirus (HPV).

## INSURANCE COMPANY INFORMATION

Company	Contact Information
AETNA	1-800-US-AETNA (1-800-872-3862)
BLUE CROSS and BLUE SHIELD OF TEXAS	1-800-451-0287
CIGNA	1-800-882-4462 (1-800-88CIGNA)
HUMANA	1-800-4-HUMANA (1-800-448-6262)
UNITED HEALTHCARE	1-866-633-2446
NOVITAS (MEDICARE PART B-JH CONTRACT)	JH 1-855-252-8782

## RESOURCES

- A guide to CIGNA’s Preventive Health coverage for health care professionals. Cigna.com. July 2012. [http://www.cigna.com/assets/docs/health-care-professionals/807467\\_d\\_PreventiveHealthCovGuide\\_v8\\_HR.pdf](http://www.cigna.com/assets/docs/health-care-professionals/807467_d_PreventiveHealthCovGuide_v8_HR.pdf)
- Aetna Clinical Policy Bulletin: HIV testing. [http://www.aetna.com/cpb/medical/data/500\\_599/0542.html](http://www.aetna.com/cpb/medical/data/500_599/0542.html)
- American Medical Association, CPT. [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt)
- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010; 59 (No. RR-12). <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>
- 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. December 2010 / ICN: 006764. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide-ICN006764.pdf](https://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](http://www.cms.gov/medhcpcsgeninfo)
- Humana Preventive Services Guide, March 2011. <http://zinserbenefitservice.com/wp-content/uploads/2011/04/Humana-Preventive-Services-Guide.pdf>
- 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.
- Medicare Preventive Services MLN “Human Immunodeficiency Virus Screening” May 2011. [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HIV\\_brochure\\_ICN905713.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HIV_brochure_ICN905713.pdf)
- The Affordable Care Act: Preventive Services at 100%. BCBSTX, June 2012. <http://www.tamus.edu/assets/files/benefits/pdf/programs/PreventiveHealthServicesFactSheet.pdf>
- United Healthcare Preventive Care Services: Coverage Determination Guideline CDG-A-036 August 1, 2013. [https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Preventive\\_Care\\_Services\\_CD.pdf](https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Preventive_Care_Services_CD.pdf)
- US Preventive Task Force. Recommendations for STI Screening. <http://www.uspreventiveservicestaskforce.org/uspstf08/methods/stinfections.htm>