

# National Health Collaborative on Violence and Abuse

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## Recommended Preventive Medicine Service Codes To Record Screening and Brief Counseling of Domestic and Interpersonal Violence Updated: September 2013

### **CPT codes:**

Preventive Medicine Service codes 99381-99397 include age appropriate counseling/anticipatory guidance/risk factor reduction interventions. For instance, this is the description for new patients who are age 18-39:

*99385, Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years.*

There are also codes (99401-99412) for counseling provided separately, at a different encounter on a different day, from the preventive medicine examination:

- 99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99411 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
- 99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

### **ICD codes are reported for preventive visits:**

There are ICD-9 codes for adult abuse when the abuse has been diagnosed. The codes are as follows:

- 995.80 - Adult maltreatment, unspecified
- 995.81 - Adult physical abuse
- 995.82 - Adult emotional/psychological abuse
- 995.83 - Adult sexual abuse
- 995.84 - Adult neglect (nutritional)
- 995.85 - Other adult abuse and neglect

There is no specific ICD-9 or CPT code for domestic and interpersonal violence (DV/IPV) screening, but code V82.89 (Special screening for other conditions; other specified conditions) could possibly be reported. If the provider is performing a routine preventive service and has no suspicion of IPV, only the V72.31 code needs to be reported since a routine preventive service may include multiple preventive screening services. Ecodes may be reported in addition to the abuse diagnosis codes to provide details on the identity of the specific perpetrator. As an example, the full code description for code E967.2 is: Adult battering and other maltreatment by spouse or partner.

**Privacy of medical records:**

In cases of DV/IPV, confidentiality of medical records is not only a privacy matter but also a crucial safety consideration. If a patient's partner discovers that she has disclosed abuse this may put her at serious risk for retaliation. Providers and administrators should work together to ensure that any patient summaries or explanation of benefits do not include sensitive information such as the Ecodes or ICD-9 codes described above and should consult with the patient about what is safe to document.

Clinicians and administrators must create an environment that prioritizes the safety of victims including respecting the confidentiality, integrity and authority of each victim over their own life choices. Below are guiding principles that should be applied by clinicians, administrators, policy makers and developers coding for DV/IPV (or when designing, building or regulating health information systems that will hold or exchange sensitive health information).

**Principles:**

Policy and practice surrounding the use and disclosure of health information—on paper or electronic—should respect patient autonomy and confidentiality while trying to improve the safety and health status of a patient. There should be strong and enforceable penalties for failure to comply with privacy rules and regulations. Personal and sensitive health information should be de-identified whenever possible;

- Individuals should have the right to access, correct, amend, and supplement their own health information;
- Individuals should receive notice of how health information is used and disclosed, including specific notification of the limits of confidentiality;
- Providers must offer and respect patient's choice of communication preferences, including by phone, by email, etc., and under what circumstances. This should be built into electronic health records as mandatory fields;
- Privacy safeguards and consents should follow the data;
- Providers should have broad discretion to withhold information when disclosure could harm the patient;
- There should be strong and enforceable penalties for violations of privacy and consents both in a clinical setting, and across information exchanges.

**The National Health Collaborative on Violence and Abuse (NHCVA):**

NHCVA is an independent organization of over 25 professional health organizations dedicated to advancing the nation's efforts to prevent and to address the health harms of violence and abuse. For more information, visit [www.nhcva.org](http://www.nhcva.org).