



## **Preventive Medicine Service Codes to Record Screening and Brief Counseling of Domestic and Interpersonal Violence and Privacy Principles**

### CPT Codes:

Preventive Medicine Service codes 99381-99397 include age appropriate counseling/anticipatory guidance/risk factor reduction interventions. These codes could be used to record assessment and counseling for IPV. 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 separate 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-10 codes for adult abuse when the abuse has been diagnosed. The codes are as follows:

- T76.11XA-Adult physical abuse, suspected, initial encounter
- T74.11XA-Adult physical abuse, confirmed, initial encounter
- T76.31XA-Adult psychological abuse, suspected, initial encounter
- T74.31XA-Adult psychological abuse, confirmed, initial encounter
- T76.21XA-Adult sexual abuse, suspected, initial encounter
- T74.21XA-Adult sexual abuse, confirmed, initial encounter

There is no specific ICD-10 or CPT code for IPV screening, but [ICD-10-CM Z13.89](#) (Encounter for screening for other disorder;) could possibly be reported.. External cause codes (referred to as Ecodes in ICD9) 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 in ICD9 code E967.2 is: Adult battering and other maltreatment by spouse or partner. In ICD10 codes E967.2 translates to [ICD-10-CM Y07.12](#) Biological mother, perpetrator of maltreatment and neglect.

### 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 ICD10 codes described above and should consult with 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 in to 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.