



# Coding for Preventive Services A Guide for HIV Providers

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Implementation of the Patient Protection and Affordable Care Act and other regulatory changes has increased insurance coverage and eliminated related “out of pocket” expenses for patients receiving preventive healthcare. Both Medicaid and all qualified commercial health plans are now required to cover several new prevention activities graded “A” and “B” by the U.S. Preventive Services Task Force (USPSTF). Coverage includes not only screening tests, but also risk assessment and risk reduction counseling and insurers must make these services available at no cost—that is, no copays or deductibles—to the consumer.

This guide provides an overview of the existing system for billing and coding for preventive services. Please note, however, that it does not supersede or replace any existing regulations. Refer to billing and coding requirements for your state, reimbursing insurer, and any other related rules to ensure compliance with local, state, and federal law.

## Services and Coverage

Among the covered prevention activities, listed in the chart below, are those related to HIV, sexually transmitted diseases (STDs), alcohol misuse, and intimate partner violence. For each activity, the USPSTF may recommend prevention for both general populations and specific populations at increased risk. For example, for HIV, viral hepatitis, and STD screening, these special groups may include adolescents, people with a previous STD or hepatitis diagnosis, people with new or multiple sexual partners, people who use condoms inconsistently, people who use alcohol or drugs, and people engaged in sex work.

Topic	Population	USPSTF Description and Recommendations
Alcohol Misuse	Adults	Screening of adults 18 years or older; provision of brief behavioral counseling intervention for those who screen positive.
HIV	Non-pregnant adolescents and adults	Screening of adolescents and adults 15 to 65 years old; screening of younger adolescents and older adults at increased risk for infection.
	Pregnant women	Screening of pregnant women, including those who present in labor.
Hepatitis B	Non-pregnant adolescents and adults	Screening of adolescents and adults 15 to 65 years old; screening of younger adolescents and older adults at increased risk for infection.
	Pregnant women	Screening of pregnant women, including those who present in labor.
Hepatitis C	Adults	Screening of adults 18 years or older at increased risk for infection; one-time screening of adults born between 1945 and 1965.
Chlamydia	Women	Screening of sexually active women 24 years or younger and older women at increased risk for infection.
Gonorrhea	Women	Screening of sexually active women 24 years or younger and older women at increased risk for infection.
Syphilis	Non-pregnant adolescents and adults	Screening of adolescents and adults at increased risk for infection.
	Pregnant women	Screening of pregnant women, including those who present in labor.
STD Counseling		Intensive behavioral counseling intervention for sexually active adolescents and adults at increased risk for infection.
Intimate Partner Violence	Women of childbearing age	Screening of women of childbearing age; referral for or provision of intervention services for those who screen positive.

Source: U.S. Preventive Services Task Force, [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations)

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Note that it is the health care provider, not the insurer, who decides whether an individual is considered at increased risk or part of an eligible population. A provider may not use a person's gender identity or sex assigned at birth to restrict access to preventive services. That is, transgender women are eligible for preventive services for cisgender women, as long as the service is clinically appropriate, for example, intimate partner violence screening and counseling.

## Qualified Providers

The Centers for Medicare and Medicaid Services (CMS), which administers these federal insurance programs, determines which providers are qualified to bill for the services provided. Billing for preventive services is limited to certain professionals: physicians (MD or DO), nurse practitioners (NP), certified nurse midwives (CNM), and registered physicians assistants (RPA). Registered nurses (RN) are also allowed to bill but only for services provided to established patients and only using one code (E&M 99211). CMS grants significant autonomy and authority to states, including determining who is qualified to deliver and be reimbursed for these services. For example, some state-specific exceptions allow paraprofessionals to bill for certain services such as HIV counseling and testing. Further, CMS Rule 2334-F (July 05, 2013) revised the definition of qualified provider to include many non-clinicians, including health educators and case managers, for a range of other preventive services.

## Coding

“Coding” is the system by which health care procedures and diagnoses are translated into numeric and alphanumeric abbreviations to facilitate billing. There are two key types of health care coding: procedural and diagnostic. Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) are procedural codes that describe what service was performed. Many preventive services will be billed with or using Evaluation and Management (E&M) CPT codes, which focus on procedures related to the assessment and management of patient health. International Classification of Diseases (ICD) Codes are diagnostic codes that demonstrate medical necessity. These codes are then used to generate a bill, or “claim,” that is sent to the insurance provider for payment.

All preventive services are coded with a specific combination of CPT or HCPCS and ICD-10 codes. However, acceptable codes may vary by insurer. The Affordable Care Act requires insurers to disclose the billing codes for preventive services on their websites. Discrete services with unique coding may be billed separately. So, for example, for an HIV test, it may be possible to bill for specimen collection, test administration, counseling intervention, as well as for the office visit itself. If no separate coding exists for a particular service, then the service can be included in the time of the office visit, using the appropriate E&M code.

## Resources

Centers for Disease Control and Prevention. “Billing Codes,” September 8, 2014, <http://www.cdc.gov/prevention/billingcodes.html>

Centers for Medicare and Medicaid Services. “Preventive Services Chart,” October 2015, <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>

National Coalition of STD Directors. “Basics of Coding for Third-Party Billing,” April 7, 2014, <http://www.ncsddc.org/basics-coding-third-party-billing>

The Network for the Improvement of Addiction Treatment. “The NIATx Third-Party Billing Guide,” 2011, [http://www.niatx.net/pdf/billingguide/2011niatx\\_third-partybguidelr.pdf](http://www.niatx.net/pdf/billingguide/2011niatx_third-partybguidelr.pdf)

STD-Related Reproductive Health Training and Technical Assistance Center. “STD Billing and Reimbursement Toolkit,” <http://stdtac.org/billing-toolkit/>

**International Classification of Diseases (ICD) Codes, Version 9 and 10**

ICD-10 CODE	DESCRIPTION
B20	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
Z00.00	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
Z11.3	ENCOUNTER FOR SCREENING FOR INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
Z11.51	ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)
Z11.59	ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES
Z11.8	ENCOUNTER FOR SCREENING FOR OTHER INFECTIOUS AND PARASITIC DISEASES
Z20.2	CONTACT WITH AND (SUSPECTED) EXPOSURE TO INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
Z20.6	CONTACT WITH AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEFICIENCY VIRUS [HIV]
Z20.828	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES
Z20.89	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER COMMUNICABLE DISEASES
Z20.9	CONTACT WITH AND (SUSPECTED) EXPOSURE TO UNSPECIFIED COMMUNICABLE DISEASE
Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS
Z22.39	CARRIER OF OTHER SPECIFIED BACTERIAL DISEASES
Z22.4	CARRIER OF INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
Z22.50	CARRIER OF UNSPECIFIED VIRAL HEPATITIS
Z22.51	CARRIER OF VIRAL HEPATITIS B
Z22.52	CARRIER OF VIRAL HEPATITIS C
Z22.59	CARRIER OF OTHER VIRAL HEPATITIS
Z22.8	CARRIER OF OTHER INFECTIOUS DISEASES
Z71.41	ALCOHOL ABUSE COUNSELING AND SURVEILLANCE OF ALCOHOLIC
Z71.7	HUMAN IMMUNODEFICIENCY VIRUS (HIV) COUNSELING
Z71.89	OTHER SPECIFIED COUNSELING
Z71.9	COUNSELING, UNSPECIFIED
Z72.51	HIGH RISK HETEROSEXUAL BEHAVIOR
Z72.89	OTHER PROBLEMS RELATED TO LIFESTYLE
Z72.9	PROBLEM RELATED TO LIFESTYLE, UNSPECIFIED

**Current Procedural Terminology (CPT) Codes**

<b>TEST PRODUCT</b>	
<b>CPT CODE</b>	<b>DESCRIPTION</b>
86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)
86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (E.G, WESTERN BLOT)
86707	HEPATITIS BE ANTIBODY (HBeAb)
86803	HEPATITIS C ANTIBODY
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST (E.G., IMMUNOBLOT OR RIBA)
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY
87110	CULTURE, CHLAMYDIA, ANY SOURCE
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; CHLAMYDIA TRACHOMATIS
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE
87520	HEPATITIS C, DIRECT PROBE TECHNIQUE
87521	HEPATITIS C, AMPLIFIED PROBE TECHNIQUE
87522	HEPATITIS C, QUANTIFICATION
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE TECHNIQUE
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QUANTIFICATION
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE
90636	HEPATITIS A AND HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G., AUDIT, DAST), AND BRIEF INTERVENTION SERVICES; 15 TO 30 MINUTES
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G., AUDIT, DAST), AND STRUCTURED SCREENING (E.G., AUDIT, DAST), AND BRIEF INTERVENTION SERVICES; GREATER THAN 30 MINUTES
86701 (92)*	ANTIBODY; HIV-1
86702 (92)*	ANTIBODY; HIV-2
87389 (92)*	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY
87390 (92)*	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; HIV-1
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE

\*Rapid Test Modifier

<b>TEST SPECIMEN</b>	
<b>CPT CODE</b>	<b>DESCRIPTION</b>
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)

<b>OFFICE SERVICE</b>	
<b>CPT CODE</b>	<b>DESCRIPTION</b>
99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE SERVICE EVALUATION AND MANAGEMENT 18–39 YEARS OF AGE (NEW PATIENT)
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE SERVICE EVALUATION AND MANAGEMENT 40–64 YEARS OF AGE (NEW PATIENT)
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT 18–39 YEARS OF AGE (ESTABLISHED PATIENT)
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT 40–64 YEARS OF AGE (ESTABLISHED PATIENT)

**Healthcare Common Procedure Coding System (HCPCS) Codes**

HCPCS CODE	DESCRIPTION
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING
G0436	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES
G0437	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER THAN 10 MINUTES
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES
G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)
H0049	ALCOHOL AND/OR DRUG SCREENING
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES

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