



Coding Guidance for HIV Clinical Practices: Pre-exposure Prophylaxis (PrEP)

This module describes how to code for PrEP services. Billing for the office services and ordering lab tests can be challenging for medical practices when seeing patients who want to initiate PrEP or who are receiving PrEP and need periodic monitoring.

The clinician must select what to bill—an office visit based on counseling time is one option. The second option is to use CPT codes for risk factor reduction, in patients who do not currently have a diagnosis. (99401-99404)

For clinical guidance, please refer to the [USPHS Guideline on Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update](#).

HIV Medicine Association
1300 Wilson Blvd, Suite 300
Arlington, VA 22209
www.hivma.org
(703) 299-1215
info@hivma.org
[@hivma](#)

Prepared for the HIV Medicine Association by Betsy Nicoletti
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Office Services for Pre-Exposure Prophylaxis (PrEP) Initiation and Ongoing Care

Services provided by Physicians and Advanced Practice Practitioners

Medical practices bill for their services using CPT codes. When providing PrEP services, groups can use office and outpatient codes or preventive medicine services. Office visit codes are used for counseling (PrEP, contraception) or the treatment of acute or chronic conditions. Preventive medicine services are used for a preventive history and physical, and for counseling related to anticipatory guidance or risk factor reduction.

Office visits, new and established patients (99201—99215)

99201—99205 Office or other outpatient services (new patient)

99211—99215 Office or other outpatient services (established patient)

These office visit codes may be billed based on time for counseling visits or the three key components of history, exam and medical decision-making. Only the time of the billing physician or non-physician practitioner can be used to select the code, not staff members.

If using time, document the total face-to-face time of the service, state that more than 50% of the time was spent in discussion and the nature of the discussion. For example, “I spent over half of the 25-minute visit in face-to-face with Ms. Jones discussing the risks, benefits, limitations, possible complications, dosing, importance of adherence and required conditions for continued prescribing of PrEP. She voiced an understanding and wishes to proceed.”

Key Points

- See the E/M Coding module for more information on coding E/M services.
- These services are defined as new or established patient visits.
- May use the three key components (history, exam and MDM) or time to select the code.
- Use time for counseling visits.

For shared medical appointments performed by a physician and a non-physician practitioner, some group medical practices use office visit codes for shared medical appointments. This involves a group meeting with patients discussing the same topic or condition. The level of office visit is based not on the time of the group, but on the level of history, exam and medical decision making documented in each individual patient’s chart. The exam could be observational or each patient could have a brief physical exam in an exam room, before or after the group meeting.

Key Points

- Document a separate and distinct note in each patient's chart
- Do not use time to select the code, use the level of history, exam and MDM

Coding for PrEP When Providing Risk Factor Reduction Counseling

Preventive medicine codes 99401—99404 are preventive medicine counseling services for risk factor reduction in patients without a known disease. These are time-based services. The code is selected based on the amount of time the practitioner spends with the patient. Document time in the medical record.

Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure) are coded based on time using the following codes:

99401 approximately 15 minutes

99402 approximately 30 minutes

99403 approximately 45 minutes

99404 approximately 60 minutes

These codes are intended for counseling and risk factor reduction in patients who don't have a medical condition or diagnosis. The CPT book describes these services this way:

“These codes are used to report services provided face-to-face by a physician or other qualified health care professional for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately with modifier 25 when performed. Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment. Preventive medicine counseling and risk factor reduction interventions will vary with age and should address such issues as family problems, diet and exercise, substance use, sexual practices, injury prevention, dental health, and diagnostic and laboratory test results available at the time of the encounter.”

If using codes 99401—99404, document the time spent in the medical record. Only count time spent by the physician or non-physician practitioner, not staff time.

Diagnosis coding

When initiating PrEP, the practitioner will need to use a diagnosis code that indicates the reason for the service. Three frequently used codes for this purpose are listed below, and additional codes in the chart.

Z20.2 “Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission”

Z11.4 “Encounter for screening for human immunodeficiency virus [HIV]” and

Z11.3 “Encounter for screening for infections with a predominantly sexual mode of transmission.”

ICD-10 Code	Description	Use for
Z01.812	Encounter for preprocedural laboratory examination	Use for blood or urine tests prior to treatment.
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission	STI screening
Z11.4	Encounter for screening for human immunodeficiency virus [HIV]	HIV screening
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	HIV, STI screening
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]	HIV screening
Z51.81	Encounter for therapeutic drug level monitoring	PrEP monitoring
Z72.51	High risk heterosexual behavior	HIV, STI screening
Z72.52	High risk homosexual behavior	HIV, STI screening
Z72.53	High risk bisexual behavior	HIV, STI screening
Z72.89	Other problems related to lifestyle	Use for drug seeking behavior or unhealthy drinking behavior
Z79.899	Other long term (current) drug therapy	PrEP monitoring

ICD-10 Code	Description	Use for
Z86.59	Personal history of other mental and behavioral disorders	History of drug use. For opioid dependence in remission, use code from F11.
Z87.898	Personal history of other specified conditions	Use for a history of drug use, non-dependent, in remission.
ICD-10 Code	Description	Use for
	Opioid abuse -- no specific code for IV use	
F11.20	Opioid dependence, uncomplicated	
F11.21	Opioid dependence in remission	
F11.10	Opioid abuse, uncomplicated	
F11.90	Opioid use, uncomplicated	

CPT codes for laboratory testing for HIV

This is a list of frequently ordered lab tests.

Code	Description
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
	Antibody
86701	HIV-1
86702	HIV-2
86703	HIV-1 and HIV-2, single result
	(For HIV-1 antigen(s) with HIV-1 and HIV-2 antibodies, single result, use 87389)
	(When HIV immunoassay [HIV testing 86701-86703 or 87389] is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual code)
	Infectious agent detection by nucleic acid (DNA or RNA)
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique, includes reverse transcription when performed
87536	HIV-1, quantification, includes reverse transcription when performed
87357	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique, includes reverse transcription when performed
87539	HIV-2, quantification, includes reverse transcription when performed
	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method
87389	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	HIV-1

Code	Description
73391	HIV-2
Code	Description
	For Medicare patients
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