

## **DIAGNOSTIC AND BILLING CODES FOR INTIMATE PARTNER VIOLENCE**

### **ICD Codes**

The International Classification of Diseases (ICD) are patient encounter codes used to describe the diagnosis of injury or illness or to describe a treatment procedure. The codes can be used to establish a level of reimbursement or as part of the health information system to track prevalence and cost data. These codes are reviewed and revised periodically. The current codes are called ICD-9. ICD-10 is due to be implemented in 2002 or 2003.

ICD-9 codes are categorized into 3 groups:

1. Diagnostic codes: used to describe primary or secondary diagnosis
2. E codes: describe circumstances of the injury
3. V codes: describe historical issues or counseling needs

General diagnostic codes for domestic violence are under Adult Maltreatment and Abuse (995.8\_).

- 995.81: physically abused person, battered person, spouse or woman
- 995.82: adult emotional/psychological abuse
- 995.83: adult sexual abuse
- 995.84: adult neglect (nutritional)
- 995.85: other adult abuse and neglect (multiple forms)

The primary diagnosis defines the condition chiefly responsible for admitting of the patient to the hospital. Secondary diagnosis refers to all conditions that co-exist at the time of admission that affect treatment of the patient for the current episode. Healthcare providers should always use the most specific of these codes. In the ICD-10, the 995.8\_ series of codes can be further classified with a prefix T74 for confirmed abuse or T76 unconfirmed or suspected abuse.

In 1998, the AMA specified that domestic violence must be coded as the primary diagnosis regardless of the presenting condition. The primary diagnosis is weighted and this determines the reimbursement level of the treatment. In 1998, the Health Care Financing Administrator proposed a new severity adjusted weight that would increase the reimbursement for domestic violence from a current maximum of .8651 up to 1.741, which is higher than most trauma or abuse injuries. This proposal has not been implemented at this writing so



The E codes provide further information as to the circumstance of the injury: when it happened, where it happened, to whom or by whom and how it happened. Domestic Violence E codes include:

- Who committed the act of violence E967.0 - E967.9
- The nature of the abuse E960 - E968
- The intent of the abuse/neglect E904.0 - E968.4
- The intentionality of the abuse E980 - E989

E codes are not generally required for reimbursement.

The V codes describe the history of abuse or violence and the past need for counseling.

- Physical abuse and rape V15.41
- Emotional abuse V1542
- Counseling for victim V61.11
- Counseling for perpetrator V61.12

The V codes are used to describe historical data and cannot be used if there is an active primary diagnosis of Domestic Violence.

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## **CPT Codes**

Current Procedural Terminology (CPT) codes describe procedures and services provided by the physician primarily for outpatient services. They can be used for inpatient services but they must be coupled with an ICD-9 diagnostic code. Each procedure within the CPT lexicon is identified with a 5-digit code. These codes reflect services rendered during that episode of care. CPT codes are generated and published by the AMA. CPT codes can be further subdivided into:

1. Evaluation and Management Services
2. Surgical Services
3. Diagnostic Services
4. Therapeutic Services

Although there are no CPT codes specific for the diagnosis, evaluation, management or therapeutic intervention in Domestic Violence, it can be anticipated that these patients will require some or all of the following:

1. Complex evaluation and management (99303): comprehensive history, comprehensive examination, medical decision making of moderate to high complexity, counseling an/or coordination of care with other providers or agencies.
2. Team conferences (99361-2)
3. Care plan oversight (99374-5)



4. Preventive medicine services (99381)
5. Preventive medicine counseling (99401)

Domestic Violence patients tend to be complex cases that require comprehensive interventions. If there is sufficient documentation in the medical record then physicians should be able to code and seek appropriate reimbursement for the time and types of services these patients require.

In California, the state maintains a discharge diagnosis database. Clear documentation of intimate partner violence by health care providers and accurate coding by hospital information managers will contribute to a clearer understanding of the prevalence and epidemiology of this health issue.

Any form of insurance discrimination based upon a diagnosis of Adult Maltreatment Syndrome is prohibited in California. Any chart with such a diagnosis should trigger patient safety and patient privacy protections in regards to patient confidentiality and access to the medical record.

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Source:

Rudman, W, Alpert E., "Coding and Documentation of Domestic Violence", Family Violence Prevention Fund, December, 2000.

