MEDICAL BILLING AND CODING DEFINITIONS

MEDICAL BILLING: The process of submitting and following up on claims with health insurance companies in order to receive payment for services rendered by a healthcare provider. Medical billing translates a healthcare service into a billing claim. The responsibility of the medical biller in a healthcare facility is to follow the claim to ensure the practice receives reimbursement for the work the providers perform.

MEDICAL CODERS: Medical coders review clinical statements and assign standard codes using CPT®, ICD-10-CM, and HCPCS Level II classification systems. The coder must make sure that the diagnosis code supports the treatment rendered. The medical coder and medical biller may be the same person or may work with each other to ensure invoices are paid properly.

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) – standardized code systems necessary for Medicare and other health insurance providers to submit healthcare claims in a consistent and orderly fashion. There are two levels of HCPCS: Level I: CPT – used to submit medical claims to pay for procedures and services performed by physicians, nonphysician practitioners, hospitals, laboratories, and outpatient facilities. Level II: National Procedure Code – set for healthcare equipment suppliers when filing health plan claims for medical devices, supplies, medications, transportation services, and other items or services.

CURRENT PROCEDURAL TERMINOLOGY (CPT) – procedure codes. Published by the American Medical Association (AMA). The primary way provision of medical services is reported. CPT refers to a set of medical codes used by physicians, allied health professionals, nonphysician practitioners, hospitals, outpatient facilities, and laboratories to describe the procedures and services they perform. CPT codes are used to report procedures and services to federal and private payers for reimbursement of rendered healthcare.

EVALUATION AND MANAGEMENT (E&M): E&M is the medical coding process in support of medical billing. Example: examine patient, document findings, determines action for treatment – doctor’s visit or consultation. This is translated into a 5-digit Current Procedural Terminology (CPT) code to facilitate billing. CPT codes describe the medical, surgical, and diagnostic services. 7 components: history*, examination*, medical decision making*, counseling, coordination of care, nature of presenting problem, and time (*key components). Based on – place of services, type of service, and patient status.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): HIPAA sets the bar for compliance of medical billing and coding, to prevent fraud, waste, and abuse by healthcare providers.

EXAMPLES OF PAYERS
- **Commercial Insurance**: Private insurance carriers (i.e. Preferred Provider Organizations (PPO), Health Maintenance Organizations (HMO), Point-of-service Plans (POS))
- **Networks**: Function as a middleman by negotiating contracts with providers and pricing claims (determines fees)
- **Third Party Administrators**: Intermediaries either operate as a network or access networks to prove claim. Often handle claims processing for employers who self-insure their employees
- **Government Payers**: Medicare/Medicaid/Tri-Care
- **Patient Protection and Affordable Care Act (ACA)**: Healthcare reform law/State plan – varies by state


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### Examination

- **2029F**: Complete Physical Skin Exam Performed
- **99244**: Anogenital Exam (Adult) - under New or Established Patient Office or Other Outpatient Consultation Services: used to report consultations provided in the office, outpatient, or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, or emergency dept.
- **99281-99288**: ED services, detailed history and exam
- **99070**: Supplies and materials over and above those usually included with the office visit or other services rendered (digital photography/materials/supplies).

### Toxicology (80300 – 80377)

- **80320**: Ethyl, Alcohol, Blood
- **80320**: Ethyl, Alcohol, Urine, Quantitative
- **80320**: General Toxicology, Blood/Serum/Urine
- **80301**: Alcohol, Ethyl, Urine, Qualitative

### Laboratory Procedures

#### Venipuncture:
- **36415**: Venous blood
- **36416**: Capillary blood (i.e. finger/heel)

- **81025**: Urine Pregnancy Test
- **85025, 85027**: Complete Blood Count (CBC)
- **88048**: Metabolic Panel (Total)
- **88076**: Liver/Hepatic Function Test
- **86592**: Syphilis Test (qualitative, i.e. VDRL, RPR, ART)

#### Human Immunodeficiency Virus (HIV)
- **86703**: HIV-1/2, single result antibody
- **87389**: HIV-1/2 antigen and antibodies, 4th Gen w/reflexes
- **87353**: HIV-1 RNA, qualitative, TMA
- **86689**: Confirmatory test for HIV antibody (Western Blot)
- **G0435**: HCPCS for Oral HIV-1/2 Screen
- **99401**: Preventive Counseling (including HIV)

#### Special Service, Procedure, or Report

- **99199**: used to report other medicine services or procedures for which there is no specific code available

- **99218**: Initial Observation Care (per day)*
- **99234**: Observation/inpatient hospital care (same date)*

### Admission:

- **99215**: Other E&M Services related to Exam

### Special Service, Procedure, or Report

- **99199**: used to report other medicine services or procedures for which there is no specific code available

### Suicide Risk Assessment

- **3085F**

### Office/Outpatient Visit, Established patient

- **99215**

### Other E&M Services related to Exam

- **99499**

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*For the E&M of a patient which requires: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.

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### MEDICAL BILLING AND CODING

**ICD-10-CM**

International Classification of Diseases, 10th Revision, Clinical Modification Based on encounters: Confirmed, Suspected, History of, and Initial, Subsequent, Sequela

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#### Adult Sexual Abuse/Rape

**Confirmed:** T74.21*
- T74.21XA - initial encounter
- T74.21XD - subsequent encounter
- T74.21XS - sequela

**Suspected:** T76.21*
- T76.21XA - initial encounter
- T76.21XD - subsequent encounter
- T76.21XS - sequela

#### Child Sexual Abuse

**Confirmed:** T74.22*
- T74.22XA - initial encounter
- T74.22XD - subsequent encounter
- T74.22XS - sequela

**Suspected:** T76.22*
- T76.22XA - initial encounter
- T76.22XD - subsequent encounter
- T76.22XS - sequela

#### Adult Physical Abuse

**Confirmed:** T74.11*
- T74.11XA - initial encounter
- T74.11XD - subsequent encounter
- T74.11XS - sequela

**Suspected:** T76.11*
- T76.11XA - initial encounter
- T76.11XD - subsequent encounter
- T76.11XS - sequela

Additional DV/IPV codes can be found on the IPv Billing and Coding Fact Sheet

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#### HUMAN TRAFFICKING CODES

##### Adult Forced Sexual Exploitation

**Confirmed:** T74.51*
- T74.51XA - initial encounter
- T74.51XD - subsequent encounter
- T74.51XS - sequela

**Suspected:** T76.51*
- T76.51XA - initial encounter
- T76.51XD - subsequent encounter
- T76.51XS - sequela

##### Child sexual exploitation

**Confirmed:** T74.52*
- T74.52XA - initial encounter
- T74.52XD - subsequent encounter
- T74.52XS - sequela

**Suspected:** T76.52*
- T76.52XA - initial encounter
- T76.52XD - subsequent encounter
- T76.52XS - sequela

##### Adult forced labor exploitation

**Confirmed:** T74.61
**Suspected:** T76.61

##### Child forced labor exploitation

**Confirmed:** T74.62
**Suspected:** T76.62

**X codes** are placeholders for future expansion

* Non-billable/non-specific code. Not used for reimbursement as there are multiple codes below it that contain a greater level of detail

◊ Billable/specific code (applicable to adult patients aged 15-124)

☒ Billable/specific code (applicable to pediatric patients aged 0 - 17)

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Intimate partner violence is defined as physical, sexual, or psychological harm by a current or former partner or spouse; violence may occur among heterosexual or same-sex couples and sexual intimacy is not a requirement.¹ The US Department of Health and Human Services adopted guidelines for Women’s Preventive Services that not only included screening and counseling for domestic violence, but also recommended that these screening and counseling practices be covered in health plans without cost.


**ICD-10-CM**

International Classification of Diseases, 10th Revision, Clinical Modification
Based on encounters: Confirmed, Suspected, History of, and Initial, Subsequent, Sequela

**Adult Physical Abuse**
- Confirmed: T74.11*
  - T74.11XA - initial encounter
  - T74.11XD - subsequent encounter
  - T74.11XS - sequela
- Suspected: T76.11*
  - T74.11XA - initial
  - T74.11XD - subsequent
  - T74.11XS - sequela

**Physical Abuse conditions in T74.11 or T76.11**
- Z91.410 - Personal history of unspecified adult abuse
- O9A.31 - Complicating Pregnancy
- O9A.32 - Complicating Childbirth (Billable/specific code applicable to maternity patients aged 12 - 55)

**Adult Neglect/Abandonment**
- Confirmed: T74.01*
  - T74.91XA - initial
  - T74.91XD - subsequent
  - T74.91XS - sequela
- Suspected: T76.91*
  - T76.91XA - initial
  - T76.91XD - subsequent
  - T76.91XS - sequela

**Adult Maltreatment**
- Confirmed: T74.91*
  - T74.91XA - initial
  - T74.91XD - subsequent
  - T74.91XS - sequela
- Suspected: T76.91*
  - T76.91XA - initial
  - T76.91XD - subsequent
  - T76.91XS - sequela

**Adult Emotional/ Psychological Abuse**
- Confirmed: T74.31*
  - T74.31XA - initial
  - T74.31XD - subsequent
  - T74.31XS - sequela
- Suspected: T76.31*
  - T76.31XA - initial
  - T76.31XD - subsequent
  - T76.31XS - sequela

**Problem/Distress in Relationship with Spouse/Intimate Partner**
- Z63.0*

**X codes** are placeholders to allow for future expansion

**Z codes** are not procedural codes. A corresponding procedure code must accompany a Z code

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² Non-billable/non-specific code. Not used for reimbursement purposes as there are multiple codes below it that contain a greater level of detail

* Billable/specific codes (applicable to adult patients aged 15 – 124

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MEDICAL BILLING AND CODING

MEDICATIONS

All providers must ensure they are following their programs policies and procedures before the administration of medications or performing medical procedures. These common codes were compiled for purposes of billing and coding management. Consider actively engaging the facilities billing and coding department, Revenue Integrity, and Finance departments before submitting these codes to insurance.

Medications

Azithromycin 1 gram
ICD-10-CM: Z04.41 | HCPCS: Q0144

Isentress
ICD-10-CM: Z20.6* | Z20.2‡

Metronidazole (Flagyl)
ICD-10-CM: Z04.41 | HCPCS: J8499 (oral)**

Ondansetron (Zofran)
HCPCS: J2405 per 1 mg IM or IV unit dose (2mg = J2405 X2 units, 4 mg = J2405 X4 units) S0119 – 4mg PO

Rocephin (ceftriaxone)
250mg IM, injection:
ICD-10-CM: Z40.41 | HCPCS: J0696 X 1 unit
500mg IM, injection:
ICD-10-CM: Z40.41 | HCPCS: J0696 X 2 units

Truvada
ICD-10-CM: Z20.6* | Z20.2‡

Tivicay
ICD-10-CM: Z20.6* | Z20.2‡

Emergency Contraception
ICD-10-CM: Z30.012

Intrauterine Device
ICD-10-CM: Z30.012
• Insertion, procedure code: CPT - 58300
• Removal, procedure code: CPT - 58301

Vaccinations

Hepatitis B vaccine:
CPT:
• 90744 (pediatric/adolescent dosage, 3 dose schedules, for intramuscular)
• 90746 (adult dosage, 3 dose schedules for intramuscular)
HCPCS:
• G0010 (administration of Hep B vaccine for Medicare and Medicaid patients)

Human papillomavirus (HPV) vaccine
• Vaccine, 4 types, quadrivalent, 3 dose schedules, intramuscular: CPT: 90649
• Vaccine, 2 types, bivalent, 3 dose schedules, intramuscular: CPT: 90650
• Vaccine, 9 types (9vHPV), 2 or 3 dose schedules, intramuscular: CPT: 90651

Tdap vaccine
(tetanus, diphtheria toxoids and acellular pertussis vaccine, administered to 7 years or older, intramuscular) CPT: 90715

Special Service, Procedure, or Report
CPT: 99199 - used to report other medicine services or procedures for which there is no specific code available

Encounter for other general counseling and advice of drug or medication
ICD-10-CM: Z30.09

Unlisted drug administered PO
S5000 (generic drug) | S5001 (brand name)

* Contact with and (suspected) exposure to HIV
‡ Contact with and (suspected) exposure to infectious with a predominantly sexual mode of transmission
**Providers cannot charge CPT codes for written prescription medication for discharge or if medications are provided and directed to take at home

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<table>
<thead>
<tr>
<th>U.S. Department of Justice</th>
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<tr>
<td>Attorney General, Deputy Attorney General, Associate Attorney General</td>
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<table>
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<tr>
<th>Office of Justice Programs</th>
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<tr>
<th>Office for Victims of Crime</th>
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<th>State Compensation &amp; Assistance &amp; Operations Division</th>
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<tr>
<th>Crime Victims Fund (est. by Victims of Crime Act (VOCA))</th>
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Not financed by taxpayers, but by fines, forfeitures, and other penalties paid by federal criminal offenders. The Fund is dedicated solely to supporting victim services.

VOCA, by statute, is the payer of last resort. All federal programs and provisions supersede VOCA.

<table>
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<tr>
<th>Crime Victims Compensation</th>
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Grants supplemental state funds for reimbursing victims for out-of-pocket expenses resulting from a crime.

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<th>Crime Victim Assistance</th>
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Mandated base amount plus additional funds based on population.

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<tr>
<th>Office on Violence Against Women (OVW)</th>
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OVW administers 19 grant programs authorized by the Violence Against Women Act 1994 and subsequent legislation. These programs are designed to develop the nation’s capacity to reduce domestic violence, dating violence, sexual assault and stalking by strengthening services to victims and holding offenders accountable.

<table>
<thead>
<tr>
<th>Violence Against Women Act (VAWA)</th>
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Defines a Medical Forensic Exam as an exam provided to a sexual assault patient by medical personnel trained to gather evidence of a sexual assault in a manner suitable for use in the court of law. Minimum requirements include exam of physical trauma, determination of penetration or force, patient history or interview, collection and evaluation of evidence.

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<tr>
<th>Formula Grant Programs</th>
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The enacting legislation specifies how the funds are to be distributed.

- Tribal DV and SA Coalition Programs
- SASP – Sexual Assault Services Program
- State & Territorial SA and DV Coalition Programs

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<tr>
<th>Discretionary Grant Programs</th>
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OVW administers these 15 competitive grant programs in accordance with authorizing statutes and federal regulations.


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<tr>
<th>STOP – Services, Training, Officers, Prosecutors</th>
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</thead>
</table>

VAWA 2013 - Forensic Medical Examination Payment Requirement: A state/territory/District of Columbia is entitled to funds under the STOP Formula Grant Program only if it, or another governmental entity, incurs the full out-of-pocket cost of medical forensic exams for victims of sexual assault. "Full out-of-pocket costs" means any expense that may be charged to a victim in connection with the exam for the purpose of gathering evidence of a sexual assault. In addition, states may not require victims to participate in the criminal justice system or cooperate with law enforcement in order to receive an exam.

Additional information: [www.justice.gov/ovw](http://www.justice.gov/ovw) and [www.ojp.gov](http://www.ojp.gov)

Forensic medical examinations for victims to the extent that other funding sources such as state appropriations are insufficient, clinicians are encouraged to follow relevant guidelines or protocols issued by the state or local jurisdiction.

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Who Should We Talk to if a Patient Receives a Bill?

Effective collaboration among various departments, partners, and stakeholders will safeguard the patient from being improperly billed for their medical forensic examination. If you know a patient has been billed, consider contacting one or all of the below resources in your community.

INSIDE THE HEALTHCARE SETTING

- **Clinicians/Providers** – those providing direct medical services to victims (e.g., doctors, nurse practitioners, SANEs, nurses, etc.). Must be knowledgeable about payment practices, policies, and procedures.

- **Billing and Coding Departments** – typically part of healthcare institutions, and whose goal is to properly capture healthcare codes that allow billing for services rendered.

- **Compliance** - provide guidance and monitoring to ensure all applicable rules, laws and regulations for healthcare billing are in place, including addressing high risk areas to minimize fraudulent billing.

- **Revenue Integrity** - focuses on coding and charge captures to reduce the risk of non-compliance, optimizing payment, and minimizing the expense of fixing a problem with healthcare claims.

- **Finance Departments** - accountable for billing including accuracy of transactions, accounts receivable and payable, and managing internal audits and controls.

- **Quality Assurance** - ensures everyone is maintaining high quality care and measures the effectiveness of any department/program.

- **Legal/Risk Management** - can assess and monitor regulations and practices. Can aid in drafting policies and procedures.

- **Hospital Administration** - can provide oversight to the organization / ultimately ensuring effective and proper practices. This typically includes the Chief Executive Officer, Chief Nursing Officer, Chief Finance Officer, etc.

- **Hospital Social Workers** – help meet emotional, social, and practical needs of the patient. Can help support in navigating the billing department.

OUTSIDE THE HEALTHCARE SETTING

- **Systems-based Advocacy** – offer a consistent point of contact during the criminal justice process / can help support patients in completing a crime victim’s compensation application.

- **Community-based Advocacy** - focus on the health and wellbeing of the patient, regardless if the victim reports to the criminal justice process / can help support patients in completing a crime victim’s compensation application /communication may be restricted due to confidentiality.

- **VAWA/VOCA** – decision-makers when allocating state funds / [STOP Admin contact list] / VOCA Funded Assistance and Compensation Programs – Assistance by state.

[REFERENCES:

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Patients who have experienced sexual assault have the right to a patient-centered, trauma-informed medical forensic examination (MFE).

**Violence Against Women Act (VAWA) 2013** - A patient must be able to request a MFE, and the patient cannot receive a bill or pay for co-payments. Patients are not required to participate in the criminal justice system or cooperate with law enforcement. The State, Tribal Government, local government, or other governmental entity:

- May not reimburse the patient for out-of-pocket costs for the exam. The MFE must be FREE of charge.
- The state must also coordinate with healthcare to notify victims of sexual assault of the availability of exams without cost.

**Can Healthcare Providers Bill the Patients Insurance for a MFE?**

- If states are using STOP funds to pay for the MFE, they may **not** require the patient to seek reimbursement from their private health insurance.
- This practice is not expressly prohibited by VAWA 2013 - Programs can bill a patient's private insurance, but the patient cannot be charged for any out-of-pocket costs (e.g., insurance co-pays, deductibles, or any other out-of-pocket costs that might not be covered by insurance).

**Patient Safety** – Offer practical strategies to address the unique patient safety and privacy concerns related to billing and payment for the MFE. Two common safety issues are as follows:

- If the patient is not the guarantor on the insurance, the guarantor will receive an EOB on the patient visit.
- If automated patient surveys are mailed out, other household members may inadvertently learn of the patient visit.

**REFERENCES:**


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Payment Fact Sheet

PATIENT MEDICAL FORENSIC EXAMINATION AND REPORTING OPTIONS

Patients who’ve experienced sexual assault have the right to a patient-centered, trauma-informed medical forensic examination, with the promotion of a victim-centered reporting process. Except in situations covered by mandatory reporting laws, patients, not healthcare providers, make decisions to report a sexual assault to law enforcement. Regardless of the patients reporting status, a medical forensic examination should be offered for FREE.

Medical Forensic Examination and Options for Reporting to Law Enforcement:

- Examination with filing a report to law enforcement
- Examination without filing a report to law enforcement
- Examination with a delayed report to law enforcement
- Examination with an anonymous or restricted report to law enforcement*

*Not every program and location offers anonymous or restricted reporting to law enforcement. Please see your state reporting guidelines.

Medical Forensic Examinations can include, but are not limited to:

- Medical screening and evaluation
- Written and verbal consent to complete the medical forensic examination
- Collection of information from the patient:
  - Demographic information
  - Medical and surgical history
  - Description of the sexual assault
  - Activities since the sexual assault
  - Recent consensual sexual activity
- Assessment for a potential drug/alcohol facilitated sexual assault
- Medical forensic physical examination:
  - Photographing and documenting findings
  - Collection of evidence using a sexual assault evidence collection kit
- Medical interventions and treatment (e.g., pregnancy and STI evaluation and care, lab, radiology, etc.)
- Discharge instructions, follow-up services, and referrals

Medical Forensic Examinations are unique to the patient based on their consent, decisions regarding care, and the resources that are available at the program, facility, or clinic. For more information and coordination with healthcare, please visit the Payment Resources webpage on SAFEta.org.

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