



Coding guide for nucleic acid amplification testing to diagnose nongenital infections with gonorrhea and chlamydia

Background

N. gonorrhoeae (gonorrhea) and *C. trachomatis* (chlamydia) are highly prevalent bacterial sexually transmitted infections (STI). In 2010 more than 309,300 cases of gonorrhea and more than 1.3 million cases of chlamydia were reported to the Centers for Disease Control and Prevention (CDC). Diagnosis of these infections is a marker of increased risk for HIV infection, and their presence can increase risk of both HIV acquisition and transmission. Although most gonorrhea and chlamydia infections are found among female adolescents and young adults, their incidence is also increased among men who have sex with men (MSM). Rising gonorrhea and chlamydia rates are of particular concern to MSM who are already at disproportionate risk for acquiring HIV.

HIV-infected individuals should be screened for STIs at entry into care and subsequently each year if they are sexually active. Higher-risk HIV-infected and uninfected individuals, i.e., individuals with more than one concurrent sexual partner, those who exchange sex for money or gifts, or who have anonymous or other high-risk partners, should undergo STI screening every three to six months.

N. gonorrhoeae and *C. trachomatis* can infect the rectum and pharynx, frequently without symptoms, where they remain undetected by common screening practices that target urethral or vaginal infection (i.e., urethral/vaginal culture or urine specimens). Asymptomatic, localized infection of the rectum or pharynx without concomitant urethral infection is not uncommon, particularly among MSM and to lesser extent among females. Furthermore, more than 80 percent of pharyngeal and rectal infections can be asymptomatic.

To detect rectal *N. gonorrhoeae* and *C. trachomatis* and pharyngeal *N. gonorrhoeae* infections, the CDC recommends the use of nucleic acid amplification tests (NAATs) because of their superior sensitivity compared to culture, particularly for rectal and pharyngeal specimens. Although NAATs are Food and Drug Administration (FDA) cleared for genital and urine specimens, they are not FDA approved for rectal or pharyngeal specimens. Many large commercial clinical laboratories have verified their off-label use following Clinical Laboratory Improvement Act guidelines and are able to perform these tests.

Overview of relevant reporting codes

Preventive medicine service codes

With the preventive medicine services the physician is looking for abnormalities that may not be apparent to the patient. Because of the family history or health habits of the patient, the physician may also need to counsel the patient to help prevent a disease or traumatic injury from occurring (primary prevention) or to attempt to reduce the symptoms of a disease (secondary prevention).

The key factor in using the preventive medicine codes is the absence of complaints by the patient where counseling, anticipatory guidance, and/or risk reduction is provided. By contrast you will note that the office or other outpatient services codes (99201–99215) all include in their description the phrase “nature of presenting problem.” The extent and focus of the services will largely depend on the age of the patient.

The Current Procedural Terminology (CPT®) Preventive Medicine codes 99381–99397:

- Represent services provided to healthy individuals for the purpose of promoting health and preventing illness or injury
- Represent an initial or periodic preventive medicine visit (CPT codes 99381–99397) that includes varying counseling and risk factor reduction interventions (e.g., family problems, diet and exercise, substance abuse, sexual practices, injury prevention and dental health)
- Can be used for counseling, anticipatory guidance and/or risk factor reduction intervention provided at an encounter separate from the preventive medicine examination (CPT codes 99401–99412)
- Do not include immunizations and ancillary studies involving laboratory, radiology or other procedures that are reported separately
- Are not used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness
- Differ from evaluation and management (E/M) codes 99201–99350 (i.e., the “comprehensive” examination of the preventive medicine services codes 99381–99397 is

not synonymous with the “comprehensive” examination required in E/M codes 99201–99350)

- Report immunizations and ancillary studies involving laboratory, radiology or other procedures separately

Evaluation and management service codes

CPT E/M service codes 99201–99215:

- The appropriate office, hospital or consultation codes, or other E/M codes for new or established patients, may be used to report counseling of individual patients with symptoms or established illness (code choice is based on “time”; refer to the CPT codebook guidelines)
- The appropriate office/outpatient codes 99201–99215 should also be reported if an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing a preventive medicine evaluation and management service
- The performance of the key components of a problem-oriented E/M service should not be reported when an insignificant or trivial problem/abnormality is encountered while performing the preventive medicine evaluation and management service and which does not require additional work
- CPT modifier 25 should be added to the CPT office/outpatient code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service

Basic coding strategy for nongenital gonorrhea and chlamydia testing

Many patients with high-risk behaviors warranting nongenital gonorrhea and chlamydia testing also require substantial office visit time dedicated to counseling. In addition, high-risk patients presenting for routine preventive health visits may also receive specific medical services, such as substance abuse counseling and referral. For time spent with complex patients, clinicians must maintain careful records of all the problems addressed in the visit, total time spent with a patient, total time spent in counseling or care coordination, and a summary of issues discussed. Diagnostic codes listed must include all the issues addressed. Proper documentation of the visit is essential to qualify reporting any appropriate level E/M code.

With high-risk patients, most of the visit is often spent counseling rather than examining or performing a procedure. When time spent in counseling and/or care coordination is more than 50 percent of face-to-face time, code choice is based on total visit time provided the time spent counseling is clearly documented. For example, a clinician spends 25 minutes face-to-face with an established patient and 15 minutes of that visit was spent in counseling. Since more than 50 percent of the visit was spent in counseling, then time shall be considered the key or controlling factor to qualify for a particular level of E/M service. For this specific

example, the clinician could report E/M code 99214 for a 25 minute visit.

Note: Not all payers reimburse the prevention codes (99401–99404). The clinician may determine that immunization and ancillary studies involving laboratory, radiology or other procedures should be performed. Depending on the nature of the testing (e.g., screening, immunization administration), it may be appropriate to report only the preventive medicine service code and the CPT code(s) for the testing performed by the clinician or clinic. However, in the event a service was performed as a result of an abnormality identified during the visit, the additional work associated with that abnormality or pre-existing condition (i.e., above and beyond the work of the preventive medicine visit) should be reflected in an additional E/M code. The CPT modifier 25 should be appended to the appropriate level office E/M code to indicate that a significant, separately identifiable E/M service was performed in addition to the preventive medicine visit.

Specific examples

Example 1

A 34-year-old single male attorney who reports episodic abuse of inhaled crystal methamphetamine presents to the walk-in clinic requesting an asymptomatic STI screen since he engages in unprotected, receptive and insertive anal and oral sex with men when he is high. The nurse practitioner (NP) performs a directed physical exam that is unremarkable, provides 25 minutes of STI prevention and substance abuse counseling, and orders the following tests to be drawn in the

clinic phlebotomy station and sent to a commercial lab: serum HIV antibody test, HIV RNA by PCR, RPR, and rectal/urine GC/CT NAATs, and pharyngeal GC NAAT tests. Previous hepatitis serologies, ordered at the clinic six months prior, confirmed immunity to hepatitis A and B and no evidence of hepatitis C viral infection. All tests are negative, and a clinic assistant notified the patient of test results by phone and performed additional, post-test counseling. The insurance claim for nongenital NAAT screening is rejected. The NP resubmits the rejected claim for nongenital STI screening.

International Classification of Diseases (ICD)-9-CM (clinically modified) diagnosis codes

- Problem-based codes
 1. 304.42 Amphetamine and other psychostimulant dependence, episodic use
- Counseling/preventive codes
 1. V74.5 Screening examination for venereal disease
 2. V65.44 HIV counseling
 3. V65.42 Counseling on substance use and abuse

CPT codes

- Problem-based codes
 - 99204** based on the key components performed: office or other outpatient visit for the evaluation and management of a new patient. Since more than 50 percent of the face-to-face time during the office visit was spent counseling, the appropriate established patient code choice is based on “time.”

The NP also includes all of the above ICD-9-CM codes on the lab form that she submits to the phlebotomy station.

In this specific case, the patient’s commercial insurer denied the claim for preventive services when the NP initially submitted an CPT code for preventive services (99401–99412) with ICD-9 V74.5, V65.44, V65.42 for the ICD-9 amphetamine abuse 304.42. The preventive services codes should not be reported because specimens were obtained for testing, even though the goal is “screening.” The overall established patient service is an established patient encounter.

The services provided are that of an established patient evaluation and management service for code 99214 because counseling and coordination of care dominated the encounter (more than 50 percent of the face-to-face time). In this instance, then *time* shall be considered the key or controlling factor to qualify for a particular level of E/M. The specimens were taken for testing at the time of a problem-focused physical examination and patient encounter based on the three key components of history, exam and medical decision-making. The specific code choice is thus based on the face-to-face counseling, which offers justification of the E/M code.

Example 2

A 34-year-old male who is an established patient with HIV infection on stable combination antiretroviral therapy, with recent CD4+ T-cell count of 525 and an HIV viral load below the limit of detection, is seen on follow-up at his HIV care clinic. He reports no STI-associated symptoms. Given his five male sex partners in the prior six months and variable use of condoms, comprehensive STI screening for syphilis, gonorrhea and chlamydia is performed at this visit. Based on the patient’s specific sexual behaviors, swabs of mucosa of rectal and pharyngeal surfaces are collected, as well as a urine sample, for a gonorrhea and chlamydia NAAT; the patient is screened for syphilis by serum RPR. Four days later, the patient returns for follow-up of a positive rectal chlamydia NAAT (with remainder of screening tests negative). He is treated with doxycycline 100mg orally twice daily for seven days. On this second visit the clinician spends 20 minutes counseling on medication use, potential exposure of recent sex contacts, and modification of behaviors to decrease risk of future STI exposures. The patient is provided medication for treatment of two partners. Per CDC recommendations, the patient returns in three months for re-testing for chlamydia and counseling. The total visit time is 25 minutes, including 15 minutes of counseling. Testing for this and other STIs is negative following this third visit.

First visit

ICD-9-CM diagnosis codes for first visit

1. 042 Human immunodeficiency virus (HIV) disease
2. V08 Asymptomatic human immunodeficiency virus (HIV) infection status
3. V65.45 Counseling on other sexually transmitted diseases
4. V69.2 High-risk sexual behavior
5. V74.5 Screening examination for venereal disease

CPT codes for first visit (initial, routine screening)

- Office service. **99211–99215** appropriate office visit code from the office or other outpatient series code series for an established patient based on the key components performed in the process of obtaining the screen and the history, as well as decisions made for further management of the patient’s pre-existing condition.

*Second visit***ICD-9-CM diagnosis codes for the second visit**

1. 078.88 Other specified diseases due to *Chlamydiae*
2. 099.52 Other venereal diseases due to *Chlamydia trachomatis*—anus and rectum
3. 042 Human immunodeficiency virus (HIV) disease
4. V08 Asymptomatic human immunodeficiency virus (HIV) infection status
5. V65.45 Counseling on other sexually transmitted diseases
6. V67.59 STD follow-up exam
7. V69.2 High-risk sexual behavior

CPT codes for second visit (follow-up for treatment)

- Office service. **99214** for the evaluation and management of an established patient if the test(s) are positive and counseling is provided. When counseling and/or coordination of care dominates (more than 50 percent) the physician/patient and or family encounter (face-to-face time in the office or other outpatient setting), time is considered the fundamental factor to qualify for a particular E/M service level. Since counseling was documented as 20 minutes of the 25-minute visit, 99214 may be appropriate. The extent of counseling and coordination of care must be documented in the medical record.

*Third visit***CPT codes for third visit**

- Office service. **99214** office or other outpatient visit for the evaluation and management of an established patient. When counseling and/or coordination of care dominates (more than 50 percent) the physician/patient and or family encounter (face-to-face time in the office or other outpatient setting), time is considered the fundamental factor to qualify for a particular E/M service level. Since counseling was documented as 15 of the 25 minute visit, 99214 may be appropriate. The extent of counseling and coordination of care must be documented in the medical record. Since a procedure was also performed at this encounter, the modifier 25 should be appended to the appropriate level E/M outpatient established patient service code.

*All visits***ICD-9-CM diagnosis codes to choose from for the three visits (as appropriate)**

1. V67.6 Follow-up examination following combined treatment
2. V65.45 Counseling on other sexually transmitted diseases
3. V73.88/89 Screening examination for chlamydial and other specified viral diseases

CPT code

- **36415** Collection of venous blood by venipuncture, should also be reported as appropriate. If blood collection by venipuncture is performed in a private office, the procedure is billed as part of its “facility fee” and payment goes to the office. However, if performed in an institution, such as a university, payment goes to the institution as part of its facility fee. In both of these examples the code does not get attached to the service that the clinician provides. **Note:** There are no specific CPT codes for pharyngeal and anal specimen collection.

Example 3

A 19-year-old unmarried male who is an established patient presents to the ambulatory clinic for complaints of hemorrhoids for one week. The patient reveals a four-year history of unprotected receptive anal intercourse with multiple male partners and denies any other oral or genital sexual acts. Physical exam is consistent with non-ulcerative proctitis. Blood specimens are collected by venipuncture for syphilis (RPR) and HIV (HIV antibody and HIV RNA by PCR), and a rectal specimen for a gonorrhea and chlamydia NAAT. The patient is empirically treated for proctitis with a ceftriaxone 250 mg intramuscular injection and a prescription for azithromycin 1 gram, and provided counseling for 15 minutes on medication and disease. The total visit time was 25 minutes. On second visit seven days later, the patient is informed that his rectal gonorrhea test is positive and the other tests were negative. The patient was provided counseling for 20 minutes on his disease and prevention and blood was drawn to test for infection with viral hepatitis B and C virus (HBsAg, HCV Ab) and for herpes simplex virus (HSV) using type-specific antibody testing for types I and II.

*First visit***ICD-9-CM diagnosis codes for the first visit**

1. 455 Hemorrhoids
2. 098.7 Gonococcus anus/rectum/proctitis
3. V01.6 Contact with or exposure to venereal diseases
4. V74.5 Screening examination for venereal disease
5. V73.88/89 Screening examination for chlamydial and other specified viral diseases
6. V65.44 HIV counseling (if counseling is provided during the encounter for the test or after the results are available)
7. V65.45 Counseling on other sexually transmitted diseases

CPT codes for the first visit

- Test administration
36415 Collection of venous blood by venipuncture, should be reported for collection of venous blood by venipuncture
- Office service
99214 office visit code from the office or other outpatient series code series for an established patient based on the key components performed of evaluation and management, including treatment and 15 minutes of counseling
96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular, should be reported for the therapeutic injection of ceftriaxone sodium 250 mg, IM
J0696 Injection, ceftriaxone sodium, per 250 mg

*Second visit***ICD-9-CM diagnosis codes for the second visit**

1. 455 Hemorrhoids
2. 098.7 Gonococcus anus/rectum/proctitis
3. 099.52 Other venereal diseases due to chlamydia trachomatis anus and rectum
4. V65.44 HIV counseling (if counseling is provided during the encounter for the test or after the results are available)
5. V65.45 Counseling on other sexually transmitted diseases

CPT codes for the second visit

- Test administration
36415 Collection of venous blood by venipuncture, should be reported for collection of venous blood by venipuncture at visit
- Office service
99213 since 20 minutes of the 20-minute visit was counseling face to face, use an appropriate level code from the 99211–99215 series for the evaluation and management of an established patient if the test(s) are positive and counseling is provided. Again, the appropriate office, hospital, consultation or other evaluation and management codes for new or established patients may be used to report *counseling* of individual patients with symptoms or established illness. In this specific clinical scenario, the E/M code is reported to reflect the counseling and coordination of care due to the positive test results.

*All visits***CPT code**

36415 Collection of venous blood by venipuncture, and code **96372**, Therapeutic, prophylactic, or diagnostic injection should also be reported. If blood collection by venipuncture or the administration of therapeutic injection is performed in a private office, the procedure is billed as part of its “facility fee” and payment goes to the office. However, if performed in an institution, such as a university, payment goes to the institution as part of its facility fee. In both of these examples the code does not get attached to the service that the clinician provides. **Note:** There are no specific CPT codes for pharyngeal and anal specimen collection.

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