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HIV Linkage to Care and PrEP Management Coding

This resource provides essential guidance for health centers on accurately reporting HIV linkage to care (Line 20 on Table 6B) and Pre-Exposure Prophylaxis (PrEP) management (Line 21e on Table 6A) for the Calendar Year 2024 Uniform Data System (UDS). Accurate documentation and coding are critical to ensure compliance and reliable data.

Pre-Exposure Prophylaxis (PrEP)

Table 6A, Line 21e, captures the number of patients prescribed PrEP, and their related initiation, maintenance, education, and counseling visits. It is critical that health centers limit the reporting of Line 21e to patients prescribed PrEP based on a patient's risk for HIV exposure **and** limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) or cabotegravir for the purposes of preventing HIV.

A new ICD-10 code, Z29.81, encounter for HIV pre-exposure prophylaxis, was released for use October 1, 2023 and is to be used for reporting this line. If the health center is not using this code, then only services that are equivalent to this code, and reflect PrEP management specifically.

Note: There has been overcounting on this reporting line in the past. Health centers should cross-check their counts with the <u>America's HIV Epidemic Analysis Dashboard</u>, which provides state-and territory-level counts of individuals prescribed PrEP, prior to reporting, to ensure reasonableness.

Patients with a *diagnosis of HIV* concurrent with a prescription for emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), emtricitabine/tenofovir alafenamide (FTC/TAF), or cabotegravir should **NOT** be reported on Table 6A, Line 21e, as that indicates the prescription part of HIV or other treatment, as opposed to HIV prevention.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) LINKAGE TO CARE

The HIV Linkage to Care (Table 6B, Line 20) clinical quality measure (CQM) does not have an associated electronically specified measure, and the UDS Manual does not include specific codes to identify patients for this measure. Health centers have expressed a desire for a set of codes that they may reference. The codes below may not be all-inclusive, and is to be used as a starting point for identifying patients with a symptomatic/asymptomatic HIV diagnosis. Identification of patients for the denominator of this measure should be further limited to those who are newly diagnosed with HIV by a health center provider. Below are ICD-10-CM and value set object identifier (OID) codes that may assist in identifying patients with an HIV diagnosis. This list is not exhaustive and should be used as a starting point.

• **ICD-10-CM:** B20, B97.35, O98.7-, Z21

• **OID:** 2.16.840.1.113883.3.464.1003.120.12.1003

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Note: Note: The codes or value set listed above are not sufficient ALONE for identifying the denominator for this CQM, as they are not limited to **newly** diagnosed HIV.

 To specifically identify newly diagnosed HIV patients, ensure that the "date diagnosed" and "onset date" are accurately documented in the HIT/EHR. The "date diagnosed" should be used only if it represents the patient's first-ever HIV diagnosis. Accurate "onset date" documentation is crucial to exclude patients previously diagnosed elsewhere from being incorrectly counted as newly diagnosed.

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