

Maximizing Billing and Coding for HIV Testing

Part 3 of 4: HIV/AIDS Care Diagnosis Codes

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- 30 years of practice management, physician credentialing/re-credentialing, contract management, and coding and clinical documentation experience.
- Certified Professional Coder (CPC) credentialed by the American Academy of Professional Coders since 1998 and a Registered Health Information Administrator (RHIA) since 2011 credentialed by the American Health Information Management Association (AHIMA). She is also credentialed by AHIMA as an ICD-10-CM/ICD-10-PCS Approved Trainer.
- As the Chief of Health Information Management (HIM) working for the Veterans Administration, she is currently responsible for ensuring that all of the HIMS coding staff are properly trained and ready for the ICD-10 coding implementation. She also ensures that documentation and coding information is disseminated timely to clinicians and other administrative staff at the Veterans Administration.

Disclaimer

The documentation and coding information was produced as an informational reference for the HealthHIV organization. No representation, warranty, or guarantee that compilation of this information is error-free and we bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information contained in the presentation, the information is constantly changing and it is the sole responsibility of the clinician to:

- Ensure that best practices in patient care are met.
- Remain abreast of each health plans regulatory requirements since regulations, policies and/or coding guidelines cited in this presentation are subject to change without further notice.
- Ensure that every reasonable effort is made to adhere to applicable regulatory guidelines within their respective jurisdiction.

Learning Outcomes

- Brief overview of ICD-9-CM codes and its phase out
- Identify the various ICD-10-CM codes that describe AIDS/HIV patient care
 - Identify the ICD-10-CM coding guidelines for AIDS/HIV patient care
 - Explain the differences between the various codes
- Explain the diagnosis code selection process
- Explain the importance of proper code sequencing

Acronyms Used

- **AMA** - American Medical Association
- **ARC** - AIDS Related Complex
- **CMS** - Centers for Medicare and Medicaid Services
- **CDC** - Centers for Disease Control
- **Dx** – Diagnosis
- **HEDIS** – Healthcare Effectiveness Data and Information Set
- **HIPAA** – Health Insurance Portability and Accountability Act
- **HIV 1** - Human Immunodeficiency Virus 1
- **HIV 2** - Human Immunodeficiency Virus 2
- **OI** - Opportunistic Infection
- **ICD-9-CM** - International Classification of Diseases, 9th Revision, Clinical Modification

Acronyms Used (cont.)

- **ICD-10-CM** – International Classification of Diseases, 10th Revision, Clinical Modification
- **ICD-10-PCS** – International Classification of Diseases, 10th Revision, Procedure Coding System
- **PDx** - Principal Diagnosis
- **PrEP** – Pre-exposure Prophylactics
- **PEP** – Post exposure Prophylactics
- **SDx** - Secondary Diagnosis
- **QARR** – Quality Assurance Reporting Requirements
- **PQRS** – Physician Quality Reporting System
- **WHO** - World Health Organization

ICD-9 Code System

ICD-9-CM - International Classification of Diseases, 9th Revision Clinical Modification

- ICD-9 codes developed by the World Health Organization in 1948
- ICD-9 codes revised and published for use in the U.S. in 1979 for morbidity and mortality statistics
- CMS mandated the use of ICD-9 codes on all claims since October 1988
 - CMS revised these mandates to reflect “mandatory” correct reporting of ICD-9 codes on all claims
- ICD-9 codes describe medical conditions (diseases), injuries and poisoning

ICD-9 Phased Out

The ICD-9 coding system phased out October 1, 2015 and replaced with two new Coding Systems: ICD-10-CM & ICD-10-PCS

- The ICD-9 coding system is outdated and does not reflect emerging technology
- The ICD-10 coding system is consistent with changes in health care and provides more codes that reflect emerging technology
 - ICD-10-CM codes are used to report medical conditions
 - ICD-10-PCS codes are reported on inpatient hospital (institutional) claims only to reflect the facility bill

Phased Out (cont.)

- Continue reporting CPT & HCPCS codes for services rendered by physicians
- Continue reporting ICD-9-CM codes for any backlog services rendered through September 30, 2015
 - Claims submitted with ICD-10 codes for services rendered now through September 30, 2015 will be denied
- Report ICD-10-CM codes for services rendered on or after October 1, 2015
 - Claims submitted with ICD-9-CM codes for services rendered on or after October 1, 2015 will be denied

What Has Changed?

ICD-9-CM DIAGNOSIS CODES Volumes (1 & 2)	ICD-10-CM CODES
Approximately 13,000 codes	Approximately 70,000 codes
3- 5 characters in length	Up to 7 characters in length
First character is alpha or numeric (Example: Dx 042 - AIDS, HIV+ Dx V08 - HIV+)	<ul style="list-style-type: none"> • First character always alpha (except letter U) • Not case sensitive (Example: Dx B20 - AIDS, Dx Z21 - HIV+)
Characters 2-5 are always numeric	<ul style="list-style-type: none"> • Second character always numeric • 3-7 character alpha or numeric
Use of decimal point after 3rd character	Use of decimal point after 3rd character
Limited inclusion of co-morbidities, complications, severity, manifestation, risks, sequelae or other disease related parameters	Inclusion of co-morbidities, complications, severity, manifestation, risks, sequelae or other disease related parameters
No distinction of laterality (left/right/bilateral)	Includes laterality as appropriate
No distinction of initial or subsequent episodes	Includes initial vs. subsequent episodes as appropriate
Combination codes are limited	Includes numerous combination codes
Code expansion availability very limited	Use of dummy place holder "x" as applicable for future code expansion

What Has Changed? (2)

- New/revised terminology
- Increase in number of available codes
 - New codes that reflect laterality
 - Increase in episode of care codes
- Increased use of specificity
- Increased use of combination codes
- Limited use of NEC and NOS
- ICD-10-CM comprises of 21 chapters vs 17 chapters in ICD-9-CM
- Room for future code expansion
- Most significant changes affect:
 - Musculoskeletal System
 - Injury & Poison section

What Has Changed? (3)

- Supplementary classification section (V codes and E codes in ICD-9-CM) no longer exists
 - Now part of the main section in ICD-10 (tabular index)
 - V codes in ICD-9 are now Z codes in ICD-10
 - External cause ICD-9 codes (E codes) are now V, W, X and Y codes in ICD-10

What Has Changed? (4)

Code Expansion

- Addition of dummy placeholder “x” for certain codes to:
 - Fills empty characters for codes that require 6th and 7th character designation to provide additional details for:
 - Inclusion of trimesters in Obstetrics
 - Diabetes (now reflects ADA classifications)
 - Substance abuse
 - Postoperative complications
 - Injuries (Gustilo fracture classification and concussions)
 - External causes of injuries

What Has Changed? (5)

Code Expansion

- Remember there are 2 different types of 7th character designations in ICD-10:
 -  $\sqrt{7^{\text{th}}}$ This symbol indicates that the code requires a 7th character that typically describes episode of care
 -  $\sqrt{x7^{\text{th}}}$ This symbol indicates that the code requires a 7th character following the dummy placeholder x. Codes with fewer than six characters that require a 7th character must contain placeholder “x” to fill in the empty character(s).

What Has Changed? (6)

- Some codes now require the following 7th character values:
 - Disease of the musculoskeletal system (pathological fractures)
 - Injury, Poisoning and Certain Other Consequences of External Causes

7 th Digit	Description	Coding Guidelines
A	Initial encounter	Patient receiving active treatment i.e. surgery, ED, Physician clinic/Office visit
D	Subsequent encounter	Patient completes active treatment and presents for routine follow
S	Sequela	Patient follow up for sequela or residual effect

What Has Changed? (7)

- New/revised coding guidelines and instructions
 - Designation of **EXCLUDES1** and **EXCLUDES2** notes
 - Excludes1: Codes stated as Excludes1, never reported with selected code
 - Excludes2: Condition excluded is not part of the condition represented by the selected code

What Has Changed? (8)

Chapter	Chapter Name
Chapter 1	Certain infectious and parasitic diseases (A00-B99)
Chapter 2	Neoplasms (C00-D49)
Chapter 3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
Chapter 4	Endocrine, nutritional and metabolic diseases (E00-E89)
Chapter 5	Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
Chapter 6	Diseases of the nervous system (G00-G99)
Chapter 7	*Diseases of the eye and adnexa (H00-H59) – NEW SECTION
Chapter 8	*Diseases of the ear and mastoid process (H60-H95) – NEW SECTION
Chapter 9	Diseases of the circulatory system (I00-I99)
Chapter 10	Diseases of the respiratory system (J00-J99)
Chapter 11	Diseases of the digestive system (K00-K95)
Chapter 12	*Diseases of the skin and subcutaneous tissue (L00-L99)

*Signification changes in this section reflect laterality and/or episode of care

What Has Changed? (9)

Chapter	Chapter Name
Chapter 13	*Diseases of the musculoskeletal system and connective tissue (M00-M99)
Chapter 14	Diseases of the genitourinary system (N00-N99)
Chapter 15	Pregnancy, childbirth and the puerperium (O00-O9A)
Chapter 16	Certain conditions originating in the perinatal period (P00-P96)
Chapter 17	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
Chapter 18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
Chapter 19	*Injury, poisoning and certain other consequences of external causes (S00-T88)
Chapter 20	*External causes of morbidity (V00-Y99) – NEW SECTION
Chapter 21	Factors influencing health status and contact with health services (Z00-Z99) – NEW SECTION

*Signification changes in this section reflect laterality and/or episode of care

The Official ICD-10-CM Coding Guidelines

According to the ICD-10-CM Official Coding Guidelines, ICD-10-CM code B20 includes the following terms:

- | | |
|---|--|
| <ul style="list-style-type: none">– Acquired immune deficiency syndrome– Acquired immunodeficiency syndrome– AIDS– AIDS-like syndrome– AIDS-related complex | <ul style="list-style-type: none">– HIV infection, symptomatic– HIV 1– Pre-AIDS– Prodromal AIDS– HIV Disease |
|---|--|

The Official ICD-10-CM Coding Guidelines (2)

1. Chapter 1: Infectious and Parasitic Diseases (A00-B99)

a. Human Immunodeficiency Virus (HIV) Infections (B20)

1) Code only confirmed cases

Code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H.

In this context, “confirmation” does not require documentation of positive serology or culture for HIV; the provider’s diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient.

The Official ICD-10-CM Coding Guidelines (3)

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, followed by additional diagnosis codes for all reported HIV-related conditions.

(b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

The Official ICD-10-CM Coding Guidelines (4)

(c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

(d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive," "known HIV," "HIV test positive," or similar terminology. Do not use this code if the term "AIDS" is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

The Official ICD-10-CM Coding Guidelines (5)

(e) Patients with inconclusive HIV serology (R75)

Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, inconclusive serologic test for Human Immunodeficiency Virus [HIV].

(f) Previously diagnosed HIV-related illness

Patients with any known prior diagnosis of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnosed with any AIDS/HIV illness (B20) should never be assigned to R75 or Z21 (HIV+).

The Official ICD-10-CM Coding Guidelines (6)

(h) Encounters for testing for HIV (Z11.4)

If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus (HIV). Use additional codes for any associated high risk behavior (Z72.-).

If a patient with signs or symptoms is being seen for HIV testing, report the signs and symptoms also. An additional counseling code, Z71.7, Human immunodeficiency virus (HIV) counseling may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results and the test results are negative, use code Z71.7, Human immunodeficiency virus (HIV) counseling.

If the results are positive, see previous guidelines and assign codes as appropriate.

AIDS vs. HIV+

- According to the Centers for Disease Control (CDC), in order to diagnose a patient with AIDS, documentation must clearly state:
 - Patient diagnosed with AIDS defining medical conditions
- Only confirmed cases of AIDS or HIV infection should be reported (coded)
 - Most AIDS cases in the U.S. are AIDS/HIV-1
 - HIV-2 uncommon in the U.S.; mostly other countries

AIDS vs. HIV+ (cont.)

- Asymptomatic HIV/HIV+ are not the same as AIDS/HIV infection
 - Never report them together
- Asymptomatic HIV/HIV+ and inconclusive HIV not the same
 - Never report together with confirmed diagnosis of AIDS/HIV infection
- When documentation states HIV-2:
 - PDx=HIV-1
 - SDx=HIV-2

Inconclusive HIV

Inconclusive HIV Test

- Newborn babies born to HIV+ moms have mom's diagnosis due to antibody status
- HIV+ status in newborns lasts up to 18 months
 - Sometimes newborn never become infected
 - Known as a "False Positive"
 - Inconclusive HIV test results another term for "False Positive"
 - Assign inconclusive test code when documentation does not definitely state AIDS or HIV+

Stages of HIV Infection

- According to the National Institute of Health, the 3 stages of HIV infection are:
 - Acute HIV
 - Exposed to HIV
 - Approximately 3 weeks to 8 months
 - Chronic HIV Infection
 - Asymptomatic HIV/HIV+
 - Approximately 5-10 years
 - Chronic HIV Infection
 - Symptomatic HIV/HIV+
 - Approximately 1-3 years
 - Chronic HIV ► AIDS
 - Advanced stages of HIV infection
 - Opportunistic infections develop
- Various data suggests that there are 4 stages
- People living with HIV/AIDS face serious health threats known as “*opportunistic infections*” (OI’s)

Opportunistic Infections

- People with healthy immune systems can be exposed to four (4) types of infections with no reaction:
 - Viral infections
 - Kaposi Sarcoma
 - Herpes
 - Influenza (flu)
 - Bacterial infections
 - Tuberculosis (TB)
 - Strep pneumonia
 - Fungal infections
 - Candida
 - Cryptococcus
 - Parasitic infections
 - Pneumocystis carinii
- People living with HIV/AIDS are not as fortunate

Opportunistic Infections (cont)

- HIV/AIDS related “OI’s” take advantage of the weakened immune system resulting in life threatening illnesses
- The most severe OI’s occur when the CD4 T-cell count is below 200 cells/mm³
- OI’s are common in people with HIV/AIDS
 - The most common cause of death
- Patients diagnosed with any OI’s are no longer considered HIV+

Commonly Used Codes

- The CDC has a comprehensive list of OI's located on their web page

Most common OI's:

- Candidiasis (Thrush)
- Cytomegalovirus (CMV)
- Herpes simplex viruses (chronic)
- Kaposi Sarcoma
- Mycobacterium avium complex (MAC or MAI)
- Pneumocystis pneumonia (PCP)
- Toxoplasmosis (Toxo)
- Tuberculosis (TB)
- Recurrent severe bacterial pneumonia
- Wasting Syndrome
- Malaria

Commonly Used Codes (2)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
042	<p>HIV Disease</p> <ul style="list-style-type: none"> -AIDS -AIDS Like Syndrome -AIDS Related Complex (ARC) -Symptomatic HIV Infection -HIV 1 	B20	<p>HIV Disease</p> <ul style="list-style-type: none"> -AIDS -AIDS Like Syndrome -AIDS Related Complex (ARC) -Symptomatic HIV Infection -HIV 1
V08	<ul style="list-style-type: none"> - Asymptomatic human immunodeficiency virus [HIV] infection status - Asymptomatic HIV status -HIV+ -HIV + status 	Z21	<ul style="list-style-type: none"> - Asymptomatic human immunodeficiency virus [HIV] infection status - Asymptomatic HIV status -HIV+ -HIV + status

Commonly Used Codes (3)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
795.71	Nonspecific Evidence of HIV – Inconclusive HIV Test (Adult) (Infant)	R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV] – Non-conclusive HIV test findings in infants
V65.44	– Human immune deficiency virus [HIV] counseling – HIV Counseling	Z71.7	– Human immunodeficiency virus [HIV] counseling – HIV Counseling
V73.89	Special Screening for Other Specified Viral Diseases (HIV/AIDS)	Z11.4	Encounter for screening for human immunodeficiency virus [HIV]
		Z11.59	Encounter for screening for other viral diseases

Commonly Used Codes (4)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V01.79	Contact With/Exposure to Other Viral Diseases (HIV/AIDS) –PrEP NOTE: Code also maps to Z20.5, Z20.828	Z20.6	– Contact with and (suspected) exposure to human immunodeficiency virus [HIV] – PrEP
V69.2	High Risk Sexual Behavior	Z72.51	High risk heterosexual behavior
		Z72.52	High risk homosexual behavior
		Z72.53	High risk bisexual behavior
V69.8	Other Problems Related to Lifestyle –Asymptomatic high risk –Report as SDx code only (when applicable) NOTE: Code also maps to Z72.0, Z72.821, Z73.0-Z73.3)	Z72.89	Other problems related to lifestyle

Commonly Used Codes (5)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
079.52	-Human T-cell lymphotropic virus, type II [HTLV-II]	B97.34	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
079.53	HIV 2 -Report as SDx code only (when applicable)	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
V07.8	Other specified prophylactic measure	Z41.8	Encounter for other procedures for purposes other than remedying health state
V74.5	Screening examination for venereal disease	Z11.3	Encounter for screening for infectious with a predominantly sexual mode of transmission

Commonly Used Codes (6)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V58.69	Long-term (current) use of other medications	Z79.899	<ul style="list-style-type: none"> – Other long term (current) drug therapy – Long term (current) drug therapy – Includes long term (current) drug use for prophylactic purposes
V74.5	Screening examination for venereal disease	Z11.3	Encounter for screening for infectious with a predominantly sexual mode of transmission

Code Instructional Notes State:

- Code also any therapeutic drug level monitoring (Z51.81)
- EXCLUDES2
 - Drug abuse and dependence (F11-F19)
 - Drug use complicating pregnancy, childbirth and the puerperium (O99.32-)

Commonly Used Codes (7)

Opportunistic Infections:

ICD-9-CM Codes	Code Description	ICD-10-CM Codes
112.0-112.9	Candidiasis (Thrush)	B37.0-B37.9
078.5	Cytomegalovirus (CMV)	B25.0-B25.9
054.10-054.19	Herpes Simplex Virus (chronic) (HSV)	A60.00-A60.9
176.0-176.9	Kaposi Sarcoma	C46.0-C46.9
084.0-084.9	Malaria	B50.0-B50.9

NOTE: Check CDC's website for comprehensive list of OI's

Commonly Used Codes (8)

ICD-9-CM Codes	Code Description	ICD-10-CM Codes
031.2	Mycobacterium Avium Complex (MAC or MAI)	A31.2
136.3	Pneumocystis Carinii Pneumonia (PCP)	B59
130.0-130.9	Toxoplasmosis (Toxo)	B58.00-B58.9
011.00-018.96	Tuberculosis (TB)	A15.0-A19.9
482.9	Recurrent severe bacterial pneumonia	J15.9
799.4	<ul style="list-style-type: none"> • Cachexia • Wasting syndrome 	R64

NOTE: Check CDC's website for comprehensive list of OI's

Other Codes

Accidental Finger Stick

ICD-9-CM Code	Description	ICD-10-CM Codes	Description
E920.5	<ul style="list-style-type: none"> – Accident caused by hypodermic needle – Needlestick 	W46.0xxA	Contact with hypodermic needle, initial encounter
		W46.0xxD	Contact with hypodermic needle, subsequent encounter
		W46.0xxS	Contact with hypodermic needle, sequela
		W46.1xxA	Contact with contaminated hypodermic needle, initial encounter
		W46.1xxD	Contact with contaminated hypodermic needle, subsequent encounter
		W46.1xxS	Contact with contaminated hypodermic needle, sequela

Never sequenced as the principal diagnosis code

New Coding Changes

- Some codes now require the following 7th character values:
 - Disease of the musculoskeletal system (pathological fractures)
 - Injury, Poisoning and Certain Other Consequences of External Causes

7 th Digit	Description	Coding Guidelines
A	Initial encounter	Patient receiving active treatment i.e. surgery, ED, Physician clinic/Office visit
D	Subsequent encounter	Patient completes active treatment and presents for routine follow
S	Sequela	Patient follow up for sequela or residual effect

Other Codes (2)

ICD-9-CM Code	Description	ICD-10-CM Codes	Description
647.6x	Other maternal viral disease complicating pregnancy, childbirth, or the puerperium	098.41-	Viral hepatitis complicating pregnancy
		098.51-	Other viral diseases complicating pregnancy
		098.71-	Human immunodeficiency virus [HIV] disease complicating pregnancy
		098.72	Human immunodeficiency virus [HIV] disease complicating childbirth
		098.73	Human immunodeficiency virus [HIV] disease complicating the puerperium

Other Codes (3)

5th Digit classification for ICD-9-CM

- 0 - unspecified episode of care
- 1 - delivered
- 2 - delivered with post partum complications
- 3 - antepartum
- 4 - postpartum condition/complications

6th Digit classification for ICD-10-CM

- 0 - unspecified episode of care
- 1 - first trimester
- 2 - second trimester
- 3 - third trimester
- 9 - unspecified trimester

Other Codes (4)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V22.0	Supervision of normal 1 st pregnancy	Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
V22.1	Supervision of other pregnancy	Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
		Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
V22.2	Pregnancy state, incidental	Z33.1	Pregnancy state, incidental

Documentation and Coding Tips

Complications of Pregnancy, Childbirth and the Puerperium

- Significant terminology changes
 - ICD-9 codes denote antepartum vs postpartum complications
 - ICD-10 codes denotes trimester
- All medical records must clearly reflect the number of weeks completed (or trimester) for the current admission or encounter:
 - First trimester: less than 14 weeks
 - Second trimester: 14 weeks to 28 weeks
 - Third trimester: 28 weeks until delivery date
- Codes from this section take precedence over codes from other sections
- Some codes require 7th character designation that denotes the number of newborns (fetuses)

Other Codes (5)

Well Visits

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V70.0	<ul style="list-style-type: none"> – Routine General Medical Exam – Well Visit 	Z00.00	Encounter for general adult medical examination without abnormal findings
		*Z00.01	Encounter for general adult medical examination with abnormal findings
V20.2	Routine infant or child health check	*Z00.121	Encounter for routine child health examination with abnormal findings
		Z00.129	Encounter for routine child health examination without abnormal findings

NOTE: *Use additional code to identify any abnormal findings

Other Codes (6)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V20.31	<ul style="list-style-type: none"> – Health supervision for newborn under 8 days old – Health check for newborn under 8 days old 	*Z00.110	<ul style="list-style-type: none"> – Health examination for newborn under 8 days old – Health check for newborn under 8 days old
V20.32	<ul style="list-style-type: none"> – Health supervision for newborn 8 to 28 days old – Health check for newborn 8 to 28 days old – Newborn weight check 	*Z00.111	<ul style="list-style-type: none"> – Health examination for newborn 8 to 28 days old – Health check for newborn 8 to 28 days old – Newborn weight check

NOTE: *Use additional code to identify any abnormal findings

New Coding Changes

Well Visit Code Tips

- ICD-10-CM Codes: Z00.01, Z00.121
 - Abnormal findings during well visit encounters that are revealed in diagnostic test findings should be coded as “with abnormal findings”
 - Codes that indicate “with abnormal findings” require reporting an additional code that describes the abnormal findings
- ICD-10-CM Codes: Z00.00, Z00.129
 - Complaints that are evaluated during the well visit encounters should be coded as “without abnormal findings”
 - Code selection based upon the information known at the time of the encounter
 - If findings or test results are not available at the time of the medical encounter, report codes that indicate “without abnormal findings”

Other Codes (7)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
V65.49	Other specified counseling	Z70.0	Counseling related to sexual attitude
		Z70.1	Counseling related to patient's sexual behavior and orientation
		Z70.3	Counseling related to sexual behavior and orientation of third party (child, partner, spouse)
V67.9	Unspecified follow up exam	Z08	Encounter for follow-up examination after completed treatment <u>for malignant neoplasm</u>
		Z09	Encounter for follow-up examination after completed treatment for conditions <u>other than malignant neoplasm</u>

Diagnoses Coding Tips

Never report the code for AIDS (B20) or HIV+ (Z21) when the record states:

- Suspected
- Suspicion of
- Possible
- Likely
- Rule out
- Questionable
- Consistent with
- Presumed to be
- Appears

Instead, report the codes for the:

- Presenting complaint
- Chief complaint
- Signs or symptoms
 - Example: muscle aches, rash, mouth/genital ulcers, swollen lymph glands (neck), fever

Query physician for clarification

Diagnoses Coding Tips (cont)

“Active” versus “History of”

Active translates to “the current the condition”

- B20 - AIDS/HIV Infection
- Z21 - HIV+

- Codes for “History of” AIDS does not exist
 - Report AIDS (Dx code B20)
- Codes for “History of” HIV infection/ HIV+ does not exist
 - Report AIDS (Dx code Z21)

Provider documentation must clearly denote the medical condition to ensure proper coding in the outpatient settings

Maximizing Third Party Reimbursement
Through Enhanced
Medical Documentation and Coding

Coding Scenarios

HIV Pre-Testing with Preventive Care

Case study #1: A 27 year old patient presents to her primary care physician's office concerned about recently having unprotected sex and requests an HIV test. The physician notices that the patient is also due for a well visit this year and performs it. Dr. Attending decides to perform a preventive medicine visit exam, spends 35 minutes counseling the patient and performs a rapid HIV test. This is an established patient.

	ICD-9-CM	ICD-10-CM
General Medical Exam (Well Visit)	V70.0	Z00.00
Special Screening for other specified viral diseases (HIV screening)	V73.89	Z11.4
HIV Counseling	V65.44	Z71.7
High Risk Sexual Behavior	V69.2	Z72.51

HIV Pre-Testing with Preventive Care (2)

Case Study #1 Rationale

- This is a general medical exam (well visit) for a patient that presents with no medical problems
- The codes should be sequenced as follows:
 - PDx=well adult exam code (Z00.00)
 - SDx=HIV (special) screening test code (Z11.4)
 - 3rd =HIV counseling code (Z71.7)
 - 4th =unprotected sex code (Z72.51)

HIV Post-Test Counseling Negative Results

Case study #2: The patient (from case study#1) returns for their HIV test results. The physician advises the patient that the results are negative and counsels the patient for 30 minutes on the importance of safe sex and contraceptive methods. The physician also distributes contraception and advises the patient to return in 3 months for a retest.

	ICD-9-CM	ICD-10-CM
HIV Counseling	V65.44	Z71.7
High Risk Sexual Behavior	V69.2	Z72.51

HIV Post-Test Counseling Negative Results (2)

Case Study #2 Rationale

- Patient returned for HIV test results
- Physician documents the results and counsels patient on the importance of safe sex practices
 - PDx=Counseling code (Z71.7)
 - SDx=High risk sexual behavior code (Z72.51)

HIV Post-Test Counseling Positive Results (Asymptomatic)

Case study #3: The patient returns for their HIV test results. The physician advises the patient that they are HIV+ (asymptomatic HIV). The physician counsels the patient and explains what it means to have a diagnosis of HIV+ vs. HIV infection, the proper use of medications, implements a treatment plan and advises the patient to return in 3 months for a retest. This is an established patient visit.

	ICD-9-CM	ICD-10-CM
Asymptomatic HIV (HIV+, HIV+ status)	V08	Z21
HIV Counseling	V65.44	Z71.7

HIV Post-Test Counseling Positive Results (Asymptomatic) (cont.)

Case Study #3 Rationale

- Patient returned for HIV test results
- Medical record states patient is HIV+
- Physician counsels patient, gives patient some literature that explains what HIV+ is, the difference between HIV+ vs AIDS and also discusses the importance of safe sex practices
 - PDx=HIV+ condition code (Z21)
 - SDx=counseling code (Z71.7)

HIV Post-Test Counseling Positive Results (Symptomatic)

Case study #4: The patient returns for their HIV test results. The physician advises the patient that they have the HIV infection (symptomatic HIV/AIDS). The physician counsels the patient and explains in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times. This is an established patient visit.

	ICD-9-CM	ICD-10-CM
AIDS (HIV infection)	042	B20
HIV Counseling	V65.44	Z71.7

HIV Post-Test Counseling Positive Results (Symptomatic) (2)

Case Study #4 Rationale

- Patient returned for HIV test results
- Medical record states patient has AIDS
- Physician counsels patient and explains in detail what HIV infection is, initiates treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times
 - PDx=AIDS condition (B20)
 - SDx=counseling code (Z71.7)

HIV Post-Test Counseling Positive Results (Symptomatic) (3)

Case study #5: The patient returns for their HIV test results. The physician advises the patient that they advanced HIV (HIV-2). The physician counsels the patient and explains in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times. This is an established patient visit.

	ICD-9-CM	ICD-10-CM
AIDS (HIV infection)	042	B20
HIV-2 Infection	079.53	B97.35
HIV Counseling	V65.44	Z71.7

HIV Post-Test Counseling Positive Results (Symptomatic) (4)

Case Study #5 Rationale

- The patient returned for HIV test results
- The medical record states that the patient has advanced HIV so physician counsels patient and explains in detail what HIV infection is
- Physician initiates treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times
 - PDx=AIDS condition (B20)
 - SDx=HIV-2 condition (B97.35)
 - 3rd=Counseling coding (Z71.7)

HIV Counseling without Testing

Case study #6: A 17 year old patient presents to her GYN to discuss contraception options and safe sex. Dr. Attending counsels the patient on the various methods and suggests and HIV test. The patient agrees, but then minutes later declined to the HIV screening test. Dr. Attending spends 45 minutes counseling the patient and asked her to reconsider the HIV test at a later date.

	ICD-9-CM	ICD-10-CM
HIV Counseling	V65.44	Z71.7

Case Study#6 Rationale

- The patient presents for counseling on the various contraception options and safe sex
- PDx=HIV counseling code (Z71.7)

Antiretroviral Therapy Visit Newborn

Case study #7: An HIV+ mom presents to the pediatrician's office for antiretroviral therapy follow for her 2 month old baby. The physician documents an expanded problem focused history and performs a brief exam. Upon review of the lab results, the physician makes the decision to modify the antiretroviral medication. A revised treatment plan is discussed and the physician advises the patient to return in 1 month.

	ICD-9-CM	ICD-10-CM
Inconclusive HIV Test	795.71	R75
Pre-exposure prophylaxis	V01.79	Z20.6

Antiretroviral Therapy Visit Newborn (2)

Case Study #7 Rationale

- HIV+ mom takes 2 month old to pediatrician's office for antiretroviral therapy follow up
- Baby does not have a confirmed HIV+ or HIV condition
- HIV+ diagnosis is mom's antibody status
 - "False positive" diagnosis could last up to 18 months in newborns
 - PDx=Inconclusive HIV results code (R75)
 - SDx=PrEP code (Z20.6)

Office Visit AIDS Related

Case study #8: Patient with a history of AIDS comes to his primary care doctor for complaints of fever and extreme fatigue due to possible pneumonia. The final diagnoses are Pneumocystis carinii pneumonia (PCP) and AIDS.

	ICD-9-CM	ICD-10-CM
AIDS	042	B20
PCP	136.3	B59

Office Visit AIDS Related (2)

Case Study #8 Rationale

- Patient with AIDS presents with complaints of fever and extreme fatigue
- Final diagnoses documented in the medical record are Pneumocystis carini pneumonia (PCP) due to AIDS
 - Minimum of 2 diagnoses codes necessary to accurately code this scenario
 - Coding guidelines state when AIDS related conditions (OI) are present sequence AIDS as PDx
 - PDx - AIDS: B20
 - SDx – PCP (AIDS related OI): B59

Office Visit non-AIDS Related

Case study #9: Patient with a history of AIDS and post op TAH presents with complaints of nausea, vomiting and dehydrated due to chemo treatment earlier today. The patient also needed a refill of AIDS meds. The physician documents a detailed history with moderate medical decision making. The final diagnoses are nausea, vomiting, dehydration due to chemo, invasive endo-cervical cancer and AIDS.

	ICD-9-CM	ICD-10-CM
Nausea with vomiting due to chemo	787.01	R11.2
Dehydration due to chemo	276.51	E86.0
Invasive endo-cervical cancer	180.0	C53.0
Adverse effects of antineoplastic drugs	E933.1	T45.1x5A
AIDS	042	B20

Office Visit non-AIDS Related (2)

Case Study #9 Rationale

- Patient with h/o AIDS presents with complaints of nausea, vomiting and dehydration due to chemo treatment
- Reason for medical care is not related to AIDS so this diagnosis should not be sequenced as the primary diagnosis
 - PDx: nausea with vomiting due to chemo treatment =R11.2
 - SDx: dehydration due to chemo treatment=E86.0
 - 3rd: cervical cancer=C53.0
 - 4th: adverse effects of chemo treatment =T45.1x5A
 - 5th: AIDS condition=B20

Office Visit non-AIDS Related (3)

Case study #10: A 5 month (20 weeks) pregnant patient with a history of AIDS presents to her OB appointment complaining of severe cramping and heavy bleeding. She was put on IV meds and the bleeding stopped. The patient was sent to Labor and Delivery.

	ICD-9-CM	ICD-10-CM
Threatened abortion in early pregnancy	640.00	O20.0
Infectious and parasitic conditions complicating pregnancy	647.60	O98.712
AIDS	042	B20

Office Visit non-AIDS Related (4)

Case Study #10 Rationale

- Pregnant patient presents for prenatal appointment complaining of severe cramping and heavy bleeding
- Code sequencing guidelines for pregnant patients state that the pregnancy codes are always sequenced as the principal diagnosis even when the patient is diagnosed with AIDS
 - PDx=pregnancy complication code (O20.0)
 - Sx=infectious and parasitic conditions in pregnancy (O98.71)
 - 3rd code=AIDS code (B20)

NOTE: If a pregnant patient with asymptomatic HIV infection status is admitted during pregnancy, childbirth or the puerperium, assign codes O98.71 and code Z21 for asymptomatic HIV infection

PEP Visit Office Staff

Case study #11: A medical assistant accidentally punctures finger with needle after drawing bloods from an AIDS patient. The office manager completes the workplace injury forms while the medical assistant is treated by physician in your office. The physician performs a detailed history and problem focused exam. Medical decision making includes blood work, a supply 48 hour PEP medication and counsels the medical assistant regarding transmission prevention. Bloodwork sent to lab for processing.

	ICD-9-CM	ICD-10-CM
Special Screening for Other Specified Viral Diseases (HIV/AIDS)	V73.89	Z11.4
Pre-exposure prophylaxis	V01.79	Z20.6
HIV counseling	V65.44	Z71.7
Contact with contaminated hypodermic needle, initial encounter (ICD-9 says accident)	E920.5	W46.1xxA

PEP Visit Office Staff (2)

Case Study #11 Rationale:

- This is an encounter for an accidental needle stick after drawing bloodwork from an AIDS patient
- The codes should be sequenced as follows:
 - PDx=HIV (special) screening test code (Z11.4)
 - SDx=Contact with or (suspected) exposure to HIV (Z20.6)
 - 3rd =HIV counseling code (Z71.7)
 - 4th=contact with contaminated hypodermic needle (W46.1xxA)
 - This is an external cause code that further describes the accidental finger stick

Risk Based Revenue

- Physicians' income historically driven by procedural coding and documentation; not diagnoses
 - Physician undercoding and overcoding a major threat to revenue
 - Reimbursement adversely affected, if physicians do not document the full range of diagnoses and complications treated
 - Significant co-morbidities and severity greatly influence reimbursement
 - Diagnosis of AIDS/HIV+ map to chronic condition risk pools

Risk-Based Revenue (2)

- All patients are assigned a severity level (risk score) based on chronic health conditions
- Projects health care utilization and costs
- Patient demographics, procedures/services, pharmacy claims and medical claims contain diagnoses

Diagnoses Coding Tips

- Assign all diagnoses code that accurately describes the medical problem being treated or the reason for health care encounter (Dx code ranges: A00.0-T88.9xxA; AIDS/HIV: B20, Z21)
 - Significant chronic conditions documented in medical record should be coded accordingly
 - Greatly impacts risk based reimbursement and quality incentives (QARR/HEDIS, PQRS)
 - Codes reported on health care claims should match information documented in the health record

Diagnoses Coding Tips (2)

Code Sequencing

- When it is necessary to report multiple diagnoses codes, accurate interpretation of coding guidelines ensures proper code sequencing
 - Ensure proper sequencing of all diagnoses codes; especially for procedures & diagnostic tests
 - Coding guidelines that denote “principle diagnosis” vs. “secondary diagnosis” only, must be adhered to

Diagnoses Coding Tips (3)

- Codes designated as principal diagnosis codes are always sequenced first
- Codes designated as secondary/subsequent diagnoses codes are never sequenced first
- OI codes are always assigned as the secondary diagnoses if supported by medical record documentation

- ICD-10-CM code B20 always the principal diagnosis
- OI condition code always the secondary diagnosis

Documentation Tips

Still Using Paper Charts?

- Use standard medical abbreviations, acronyms, or symbols
- Do not use arrows up/down (↑↓) in place of “hyper-” and “hypo-”, as they could be misinterpreted
- Medical conditions under physician care must be clear and concise to ensure proper translation to numeric diagnosis codes

Documentation Tips (2)

- Each visit date documented in the medical record must be able to “stand alone”
 - Chronic conditions documented in one note, must be re-documented in every subsequent note when treatment is directed to the condition
 - Documentation which states, see previous visit, prior note, problem list, etc., are deemed unacceptable

Documentation Tips (3)

- Problem lists with no evaluation or assessment of medical conditions in chart deemed unacceptable for encounter data submission
 - CMS mandates that an evaluation of each medical condition be documented in the medical record; not just the condition listed as “a problem”
 - HIV+ - stable on meds
 - DM w/Neuropathy - meds adjusted
 - CHF – compensated
 - COPD – test ordered
 - HTN – uncontrolled
 - Hyperlipidemia - stable on meds

Why Is Documentation Important?

- Medical record documentation must support the services submitted on claims to the local Medicaid agency
 - Codes reported on health care claims should match
- Documentation should substantiate:
 - Medical necessity (diagnoses being treated)
 - Final diagnosis code selection

Why Is Documentation Important? (2)

- Documentation inaccuracies result in payment recovery and heavy sanctions by the Office of Medicaid Inspector General (OMIG)
 - Sanctions and penalties include:
 - Restricted/Excluded from provider participation
 - Termination from provider participation
 - Huge fines
 - Jail time

SERIES 3 – POLLING QUESTION#5

Case Study: Patient returns for HIV test results and also HTN prescriptions refills. The physician advises the patient of their results; confirmed AIDS condition. The physician spends 15 minutes counseling the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. After rechecking the blood pressure and noting 142/90 as unusually high. Medication dosage is increased, prescriptions and referral to see a nutritionist given to patient. This is an expanded problem focused history with moderate medical decision making for an established patient visit.

Closing Comments

- Medical record documentation must support the services submitted on claims to the local Medicaid agency
 - Codes reported on health care claims should match
- Documentation should substantiate:
 - Medical necessity (diagnoses being treated)
 - Final diagnosis code selection

Closing Comments (cont)

- Documentation inaccuracies result in payment recovery and heavy sanctions by the Office of Medicaid Inspector General (OMIG)
 - Sanctions and penalties include:
 - Restricted/Excluded from provider participation
 - Termination from provider participation
 - Huge fines
 - Jail time

Web Resources

Centers for Medicare and Medicaid Services (CMS)

<http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html>

<http://www.cms.gov/center/coverage.asp>

Food and Drug Administration (FDA) [[Link](#)]

American Medical Association (AMA) [[Link](#)]

National Center for Health Statistics (NCHS) [[Link](#)]

Centers for Disease Control (CDC)

<http://www.cdc.gov/hiv/>

Web Resources (cont.)

- American Academy of Professional Coders (AAPC)
<http://www.aapc.com/resources/index.aspx>
- American Health Information Management Association (AHIMA)
<http://www.ahima.org/resources/default.aspx>
- The American Academy of Family Physicians (AAFP)
<http://www.aafp.org/online/en/home/practicemgt/codingresources.html>
- American Hospital Association (AHA)
<http://www.aha.org/advocacy-issues/medicare/ipps/coding.shtml>

Other Resources

- ICD-9-CM, Volumes 1 & 2, Professional. Publisher: Ingenix Optum.
- ICD-10-CM, Volumes 1 & 2, Professional. Publisher: Ingenix Optum.
- Faye Brown's ICD-10-CM Coding Handbook 2015 (with Answers). Publisher: American Hospital Association.
- ICD-10-CM Fast Finder Sheets. Publisher: Ingenix Optum.

Note: Coding resources are updated annually. Please be sure to update coding resources each year.

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