



## **Maximizing Billing and Coding Part 4: Wrap Up / Coding Scenarios**

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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.

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# Learning Outcomes

- Review CPT, HCPCS and ICD-10-CM codes learned in series 1, 2 and 3
- Review coding scenarios which reflect accurate reporting of the codes for HIV/AIDS medical care
- Discuss the importance of proper code sequencing
- Discuss the importance of proper documentation and its impact on reimbursement

# Acronyms Used

- **AIDS** - Acquired Immunodeficiency Syndrome
- **AMA** - American Medical Association
- **ARC** - AIDS Related Complex
- **BA** – Body Area
- **cc** - Chief Complaint
- **CDC** - Centers for Disease Control
- **CLIA** - Clinical Laboratory Improvement Amendments
- **CMS** - Centers for Medicare and Medicaid Services
- **CPT** - Current Procedural Terminology
- **Dx** – Diagnosis
- **EIA** - Enzyme Immunoassay
- **ELISA** - Enzyme Linked Immunosorbent Assay
- **E&M** - Evaluation and Management
- **EPF** - Expanded Problem Focused
- **GYN** - Gynecology/Gynecologist
- **HEDIS** - Healthcare Effectiveness Data and Information Set

# Acronyms Used (2)

- **HCPCS** - Healthcare Common Procedure Coding System
- **HHS** - Health and Human Services
- **HIPAA** - Health Insurance Portability and Accountability Act
- **HPI** - History of Present Illness
- **ICD-10-CM** - International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification
- **ICD-10-PCS** - International Classification of Diseases, 10<sup>th</sup> Revision, Procedure Coding System
- **HIV** - Human Immunodeficiency Virus
- **HIV 1** - Human Immunodeficiency Virus 1
- **HIV 2** - Human Immunodeficiency Virus 2
- **MDM** - Medical Decision Making
- **NPI** - National Provider Identifier
- **OI** - Opportunistic Infection
- **OS** - Organ System
- **ICD-10-PCS** - International Classification of Diseases, 10<sup>th</sup> Revision, Procedure Coding System

# Acronyms Used (3)

- **HIV** - Human Immunodeficiency Virus
- **HIV 1** - Human Immunodeficiency Virus 1
- **HIV 2** - Human Immunodeficiency Virus 2
- **MDM** - Medical Decision Making
- **NPI** - National Provider Identifier
- **OI** - Opportunistic Infection
- **OS** - Organ System
- **PDx** - Primary Diagnosis
- **SDx** - Secondary Diagnosis
- **PMFSH** - Past Medical, Family and Social History
- **PE** - Physical Examination
- **PF** - Problem Focused
- **PQRS** - Physician Quality Reporting System
- **PrEP** - Pre-exposure Prophylactics
- **QARR** - Quality Assurance Reporting Requirements
- **ROS** - Review of Systems
- **WHO** - World Health Organization

# E&M Service Codes

## New Patient Visit

<b>CPT</b>	<b>99201</b>	<b>99202</b>	<b>99203</b>	<b>99204</b>	<b>99205</b>
<b>HISTORY - HPI</b>	<b>1 -3</b>	<b>1-3</b>	<b>&gt;4 acute problems or status of 3 active chronic problems</b>	<b>&gt;4 acute problems or status of 3 active chronic problems</b>	<b>&gt;4 acute problems or status of 3 active chronic problems</b>
<b>HISTORY - ROS</b>	<b>N/A</b>	<b>1</b>	<b>2-9</b>	<b>&gt;10</b>	<b>&gt;10</b>
<b>HISTORY - PMFSH</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>
<b>1995 EXAM (Body areas/organ systems)</b>	<b>1</b>	<b>2-4</b>	<b>5-7</b>	<b>&gt;8 OS or comprehensive exam of 1 single system</b>	<b>&gt;8 OS or comprehensive exam of 1 single system</b>
<b>MDM</b>	<b>SF</b>	<b>SF</b>	<b>LOW</b>	<b>MOD</b>	<b>HIGH</b>
<b>AVERAGE TIME SPENT</b>	<b>10 minutes</b>	<b>20 minutes</b>	<b>30 minutes</b>	<b>45 minutes</b>	<b>60 minutes</b>

# E&M Service Codes (2)

## Established Patient Visit

<b>CPT</b>	<b>99211</b>	<b>99212</b>	<b>99213</b>	<b>99214</b>	<b>99215</b>
HISTORY - HPI	<b>May not require the presence of an MD. Typically, 5 min are spent performing these services.</b>	<b>1-3</b>	<b>1-3</b>	<b>&gt;4 acute problems or status of 3 active chronic problems</b>	<b>&gt;4 acute problems or status of 3 active chronic problems</b>
HISTORY - ROS		<b>N/A</b>	<b>1</b>	<b>2-9</b>	<b>10</b>
HISTORY - PMFSH		<b>N/A</b>	<b>N/A</b>	<b>1</b>	<b>2-3</b>
1995 EXAM (Body areas/organ systems)		<b>1</b>	<b>2-4</b>	<b>5-7</b>	<b>&gt;8 OS or comprehensive exam of 1 single system</b>
MDM		<b>SF</b>	<b>LOW</b>	<b>MOD</b>	<b>HIGH</b>
<b>AVERAGE TIME SPENT</b>		<b>5 minutes</b>	<b>10 minutes</b>	<b>15 minutes</b>	<b>25 minutes</b>

**NOTE:** Code 99211 typically reported when minimal services rendered by an RN prior MD orders documented in the medical record

# E&M Service Codes (3)

## Preventive Medicine/Well Visits

NEW	ESTABLISHED	CODE DESCRIPTION
99381	99391	AGE YOUNGER THAN 1 YEAR
99382	99392	EARLY CHILDHOOD (AGE 1 TO 4 YEARS)
99383	99393	LATE CHILDHOOD (AGE 5 TO 11 YEARS)
99384	99394	ADOLESCENT (AGE 12 TO 17 YEARS)
99385	99395	EARLY ADULT (AGE 18 TO 39 YEARS)
99386	99396	ADULT (AGE 40 TO 64 YEARS)
99387	99397	ADULT (AGE 65+ YEARS)

**Note:** These codes include preventive medicine counseling with risk factor reduction. Do not report CPT codes 99401-99404

# E&M Service Codes (4)

## Preventive Medicine Counseling Visits

Preventive Medicine Counseling and/or Risk Factor Intervention Visits (without history and physical exam)

CODE	CODE DESCRIPTION
99401	15 minutes
99402	30 minutes
99403	45 minutes
99403	60 minutes

**Note:** These codes are included in the preventive medicine visit codes. Do not report CPT codes 99381-99397

# Routine Bloodwork Code

## Venipuncture: collection of venous blood

- CPT 36415 – routine venipuncture (series 1)
- Report 36415 for HIV blood screening for bloodwork collected in physician's office and sent to lab for processing (lab codes - series 2)
- Report applicable E&M counseling or service code as primary service
  - 99201-99205: sick visit codes
  - 99381-99397: preventive visit codes
  - 99401-99403: counseling visit codes

# HIV Test Codes

HIV Antibody - tests for the presence of antibodies that are produced in response to the presence of the HIV infection

HCPCS/CPT CODE	DESCRIPTION
86701	HIV 1; single result (RAPID)
86702	HIV 2, single result (RAPID)
86703	HIV 1 & HIV 2; single result (RAPID)
86689	HIV confirmatory (Western Blot)
G0435	HIV 1 and/or HIV 2; single result (RAPID)

Rapid Tests also known as "Point of Care" Tests

# HIV Test Codes (2)

## Rapid HIV Tests

- Rapid tests provide “point of care” screening and results
- Alere Determine™ HIV-1/2 Ag/Ab Combo Test
- OraSure Technology OraQuick *ADVANCE*® Rapid HIV-1/2 Antibody Test
- Trinity Biotech Uni-Gold™ Recombigen® HIV-1/2
- One test payable every 6 months

# HIV Test Codes (3)

HIV Antigen – testing for the presence of the HIV infection

HCPCS/CPT CODE	DESCRIPTION
<b>G0432</b>	EIA; HIV 1 and/or HIV 2 (RAPID)
<b>G0433</b>	ELISA; HIV 1 and/or HIV 2 (RAPID)
<b>87389</b>	EIA HIV 1 antibody with HIV 1 & HIV2 antigens; qualitative or semi-quantitative; single step (RAPID)
<b>87390</b>	EIA HIV 1; qualitative or semi-quantitative; multi-step

Rapid Tests also known as “Point of Care” Tests

# HIV Test Codes (4)

HCPCS/CPT CODE	DESCRIPTION
87391	EIA HIV 2; qualitative or semi-quantitative; multi-step
87534	DNA/RNA; HIV 1; direct probe
87535	DNA/RNA; HIV 1; amplified probe
87536	DNA/RNA; HIV 1; quantification
87537	DNA/RNA; HIV 2; direct probe
87538	DNA/RNA; HIV 2; amplified probe
87539	DNA/RNA; HIV 2; quantification

# What are Modifiers?

Modifiers are two digit (numeric or alphanumeric) codes that indicate that a procedure or service has been altered by a specific circumstance, but has not changed the code's definition

- There are CPT modifiers and HCPCS modifiers
- Some modifiers impact reimbursement
- Modifiers are never reported alone
- Modifiers are never reported on ICD-10-CM codes
  - ICD-10-CM codes covered in Series 3
- Each state Medicaid agency determines the approved modifiers
  - Contact your local Medicaid agency for specific guidance

# Modifiers

Modifier 25 - Significant, Separately, Identifiable E&M Service by Same MD on the Same Day of a Procedure, Service or Other E&M Service

- Only report with E&M service codes (99201-99499)
- Do NOT report with any other CPT code type
- Do NOT report with HCPCS lab codes
- Contact your local Medicaid agency for specific guidance

# Modifiers (2)

## Modifier 92 - Alternative Laboratory Platform Testing

With current CDC recommendations on routine testing and the move toward HIV testing as a routine part of care, more providers may use rapid test kits. Several of these are CLIA waived and suitable for use in physician offices. The following is the CPT guidance for use of this modifier: “When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703).”

- Only report with Path/Lab CPT test codes (86701-86703)
- Do NOT report with any other code type
- Do NOT report with HCPCS codes
- Contact your local Medicaid agency for specific guidance

# Modifiers (3)

## Modifier QW - CLIA waived test

In accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), a laboratory provider must have: a Certificate of Compliance, a Certificate of Accreditation or a Certificate of Registration in order to perform clinical diagnostic laboratory procedures of high or moderate complexity. Waived tests include test systems cleared by the FDA designated as simple, have a low risk for error and are approved for waiver under the CLIA criteria.

- Only report with Path/Lab test codes (86701-86703, 87389)
- Do NOT report on any other code type
- If a combination of waived and non-waived tests are performed, modifier QW should not be used
- Contact your local Medicaid agency for specific guidance

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

# AIDS vs. HIV+

- 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+

# Commonly Used Codes

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

# Commonly Used Codes (2)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
<b>V65.44</b>	<ul style="list-style-type: none"> <li>– Human immune deficiency virus [HIV] counseling</li> <li>– HIV Counseling</li> </ul>	<b>Z71.7</b>	<ul style="list-style-type: none"> <li>– Human immunodeficiency virus [HIV] counseling</li> <li>– HIV Counseling</li> </ul>
<b>V73.89</b>	Special Screening for Other Specified Viral Diseases (HIV/AIDS)	<b>Z11.4</b>	Encounter for screening for human immunodeficiency virus [HIV]
		<b>Z11.59</b>	Encounter for screening for other viral diseases

# Commonly Used Codes (3)

ICD-9-CM Codes	Description	ICD-10-CM Codes	Description
<b>795.71</b>	Nonspecific Evidence of HIV -Inconclusive HIV Test (Adult) (Infant)	<b>R75</b>	Inconclusive laboratory evidence of human immunodeficiency virus [HIV] - Nonconclusive HIV test findings in infants

## 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="False Positive"
- Assign R75 when documentation does not definitely state AIDS or HIV+

# 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
<b>079.52</b>	-Human T-cell lymphotropic virus, type II [HTLV-II]	<b>B97.34</b>	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
<b>079.53</b>	HIV 2 -Report as SDx code only (when applicable)	<b>B97.35</b>	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
<b>V07.8</b>	Other specified prophylactic measure	<b>Z41.8</b>	Encounter for other procedures for purposes other than remedying health state
<b>V74.5</b>	Screening examination for venereal disease	<b>Z11.3</b>	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
<b>V58.69</b>	Long-term (current) use of other medications	<b>Z79.899</b>	<ul style="list-style-type: none"> <li>– Other long term (current) drug therapy</li> <li>– Long term (current) drug therapy</li> <li>– Includes long term (current) drug use for prophylactic purposes</li> </ul>
<b>V74.5</b>	Screening examination for venereal disease	<b>Z11.3</b>	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"> <li>• Cachexia</li> <li>• Wasting syndrome</li> </ul>	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
<b>E920.5</b>	<ul style="list-style-type: none"> <li>– Accident caused by hypodermic needle</li> <li>– Needlestick</li> </ul>	<b>W46.0xxA</b>	Contact with hypodermic needle, initial encounter
		<b>W46.0xxD</b>	Contact with hypodermic needle, subsequent encounter
		<b>W46.0xxS</b>	Contact with hypodermic needle, sequela
		<b>W46.1xxA</b>	Contact with contaminated hypodermic needle, initial encounter
		<b>W46.1xxD</b>	Contact with contaminated hypodermic needle, subsequent encounter
		<b>W46.1xxS</b>	Contact with contaminated hypodermic needle, sequela

Never sequenced as the principal diagnosis code

# \*New Coding Changes\*

Some codes now require the following 7<sup>th</sup> character values:

- Disease of the musculoskeletal system (pathological fractures)
- Injury, Poisoning and Certain Other Consequences of External Causes

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

# Other Codes (2)

## Well Visits

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

**NOTE:** \*Use additional code to identify any abnormal findings

# Other Codes (3)

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

**NOTE:** \*Use additional code to identify any abnormal findings

# Other Codes (4)

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)

# Diagnoses Coding Tips (2)

## 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 Counseling without Testing

**Case Study #1:** 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 an HIV test. The patient agrees, but then minutes later declined to HIV screening test. Dr. Attending spends 30 minutes counseling the patient and asked her to reconsider the HIV test at a later date.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report a preventive medicine counseling CPT code based on the total time spent with the patient	<b>Office Service 99402</b>	Report the HIV Counseling ICD-10-CM code	<b>Dx Code Z71.7</b>

# HIV Counseling without Testing (2)

## Case Study #1 Rationale:

- The patient presents for counseling on the various contraception options and safe sex.
- There is no distinction between new patient vs. established patient. Select the code based on the amount of time spent counseling the patient – CPT code 99402
  - Do NOT report the preventive medicine visit E&M codes
    - Patient presented for counseling only
- All claims require a diagnosis code that supports the reason for the patient encounter and to support procedures and services performed during the encounter.
- The patient presents for counseling on the various contraception options and safe sex (HIV counseling) – ICD-10 code Z71.7

**NOTE :** Check with your payors. Some health plans may not reimburse for counseling and may have alternate codes (i.e. 99201-99215) that they advise you to report.

# Rapid HIV Testing with Preventive Care

**Case Study #2:** A 27 year old patient presents to his primary care physician's office concerned about recently having unprotected sex and requests an HIV test. Since this is a new patient, Dr. Attending decides to perform a preventive medicine visit exam and spends 15 minutes counseling the patient and performs a rapid HIV test.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report a preventive medicine CPT code based on the patient's age and new patient status with the applicable modifier	Office Service 99385-25	<u>Report Dx Codes:</u> Well visit HIV screening HIV counseling High risk behavior	Z00.00 Z11.4 Z71.7 Z72.51
Report the rapid HIV test CPT code with the applicable modifier	Test Product 86701-92 or QW	<u>Report Dx Codes:</u> HIV screening HIV counseling High risk behavior	Z11.4 Z71.7 Z72.51

**Note:** This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.

# Rapid HIV Testing with Preventive Care (2)

## Case Study #2 Rationale:

- This is a general medical exam (well visit) for a patient that presents with no medical problems and HIV testing is performed
- Report the initial preventive medicine visit E&M code – CPT 99385
- Since the preventive medicine visit E&M codes include counseling as a component, do NOT report the counseling codes separately.
- The medical record states that this is a point of care test performed by PCP's and can be reported for HIV testing for same day results – CPT 86701
- Both codes require the use of modifiers
  - Append modifier 25 to the preventive medicine E&M code to designate a separate, identifiable service is rendered
  - Append modifier 92 or QC to the HIV test code (check with your local Medicaid agency for the applicable modifier)

# Rapid HIV Testing with Preventive Care (3)

## Case Study #2 Rationale (con' t):

### ICD-10 codes

- This is a general medical exam (well visit) for a patient that presents with no medical problems
- The codes should be sequenced as follows:
  - The physician performs a well adult exam – code Z00.00
  - The physician performs an HIV (special) screening test – code Z11.4
  - The physician counsels the patient (HIV counseling) – code Z71.7
  - The patient indicates that they recently had unprotected sex – code Z72.51

# Rapid HIV Testing with Preventive Care (4)

**Case Study #3:** A 27 year old patient presents to his PCP'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. The PCP decides to perform a preventive medicine visit exam and spends 15 minutes counseling the patient and performs a rapid HIV test. This is an established patient.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report a preventive medicine code based on the patient's age and established patient status with the applicable modifier	Office Service 99395-25	Report Dx Codes: Well visit HIV screening HIV counseling High risk behavior	Z00.00 Z11.4 Z71.7 Z72.51
Report the rapid HIV test code with the applicable modifier	Test Product 86701-92 or QW	Report Dx Codes: HIV screening HIV counseling High risk behavior	Z11.4 Z71.7 Z72.51

**Note:** This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.



# Rapid HIV Testing with Preventive Care (5)

## Case Study #3 Rationale:

- This is a general medical exam (well visit) for a patient that presents with no medical problems and HIV testing is performed
- Report the established preventive medicine visit E&M code – CPT 99395
- Since the preventive medicine visit E&M codes include counseling as a component, do NOT report the counseling codes separately.
- Medical record states that this is a point of care test performed by PCP with same day results rapid HIV test code – CPT 86701
- Both codes require the use of modifiers
  - Append modifier 25 to the preventive medicine E&M code to designate a separate, identifiable service
  - Append modifier 92 or QC to the HIV test code (check with your local Medicaid agency for the applicable modifier)

# Rapid HIV Testing with Preventive Care (6)

## Case Study #3 Rationale (con' t):

### ICD-10 codes

- This is a general medical exam (well visit) for a patient that presents with no medical problems
- The codes should be sequenced as follows:
  - The physician performs a well adult exam
    - No abnormal findings were noted during this encounter – code Z00.00
  - The physician performs an HIV (special) screening test – code Z11.4
  - The physician counsels the patient (HIV counseling) – code Z71.7
  - The patient indicates that they recently had unprotected sex – code Z72.51

# HIV Testing with Counseling

**Case Study #4:** A 47 year old male patient presents to their PCP concerned about unprotected sex. PCP spends 35 minutes counseling the patient, draws blood and sends the specimen to the lab for processing. This is an established patient visit.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report a counseling code based on the total time spent counseling the patient	99402-25	Dx#1 - Special Screening for other specified viral diseases (HIV screening)	Z11.4
		Dx#2 - HIV Counseling	Z71.7
Report the venipuncture code for blood work	36415	Dx#3 - High Risk Sexual Behavior	Z72.51

**NOTE 1:** This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

**NOTE 2:** Check with your payors. Some health plans may not reimburse for counseling and may have alternate codes (i.e. 99201-99215) that they advise you to report.

# HIV Testing with Counseling (2)

## Case Study #4 Rationale:

- Counseling code selection is based on total time spent counseling the patient
- PCP performed HIV blood test. PCP's can only bill for point of care/rapid HIV screening tests.
  - Since there is an onsite lab, the specimen is sent to the Pathologist to process.
- Append modifier 25 to the E&M counseling code
  - Check with your local Medicaid agency for the applicable modifier)

**NOTE 1:** This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

**NOTE 2:** Check with your payors. Some health plans may not reimburse for counseling and may have alternate codes (i.e. 99201-99215) that they advise you to report.

# HIV Testing with Counseling (3)

## Case Study #4 Rationale:

ICD-10 codes

- The codes should be sequenced as follows:
  - The physician performs an HIV (special) screening test – code Z11.4
  - The physician counsels the patient (HIV counseling) – code Z71.7
  - The patient indicates that they recently had unprotected sex – code Z72.51

# HIV Testing with Counseling (4)

**Case Study #5:** A 47 year old HIV+ patient presents to their PCP for follow-up care. Patient has a history of IV drug use. PCP spends 10 minutes counseling the patient, documents an expanded problem focused history and draws blood. Specimens are sent downstairs to the on-site lab for processing. This is an established patient visit.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	99213-25	Dx#1 - HIV+	Z21
		Dx#2 - HIV Counseling	Z71.7
Report the venipuncture code for blood work	36415	Dx#3 - Other Problems Related to Lifestyle (Asymptomatic high risk	Z72.89

# HIV Testing with Counseling (5)

## Case Study #5 Rationale:

- An expanded problem focused history and brief exam is performed and documented in the health record.
  - Assign an established patient E&M code based on the level of care provided
- PCP performed HIV blood test. PCP's can only bill for point of care/rapid HIV screening tests.
  - Assign the CPT code for venipuncture
  - Since there is an onsite lab, the specimen is sent to the Pathologist to process.
- Append modifier 25 to the E&M counseling code
  - Check with your local Medicaid agency for the applicable modifier

**Note 1:** This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

# HIV Testing with Counseling (6)

## Case Study #5 Rationale: ICD-10 codes

The codes should be sequenced as follows:

- Documentation states that the physician is HIV+ - code Z21
- The physician counsels the patient (HIV counseling) – code Z71.7
- Documentation states that patient has a history of IV drug use – code Z72.89

# HIV Post-Test Counseling Negative Results

**Case Study #6:** The patient returns for 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 HIV/AIDS education literature.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report a preventive medicine counseling CPT code based on the total time spent counseling the patient	<b>CPT Code 99402</b>	<b>HIV Counseling</b>	<b>Z71.7</b>
		<b>High Risk Behavior</b>	<b>Z72.51</b>

# HIV Post-Test Counseling Negative Results (2)

## Case Study #6 Rationale:

- The patient returned for their HIV test results. Since the results are negative and counseling on safe sex was documented, report the preventive medicine counseling E&M code based
  - Select the code based on the amount of time spent counseling the patient – CPT code 99402
- The patient returned for their HIV test results. The physician documents the results and counsels the patient on the importance of safe sex practices – ICD-10 codes Z71.7 and Z72.51

**NOTE:** Check with your payors. Some health plans may not reimburse for counseling and may have alternate codes (i.e. 99201-99215) that they advise you to report.

# HIV Post-Test Counseling

## HIV Positive Results (Asymptomatic)

**Case Study #7:** The patient returns for their HIV test results. The physician advises the patient that they are HIV+ (asymptomatic HIV). The physician counsels the patient for 15 minutes on the importance of safe sex, dispenses prescription medication and distributes HIV/AIDS education materials. A treatment plan is also prepared and discussed with the patient. This is an expanded problem focused history with low medical decision making established patient visit.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	<b>Office E&amp;M 99213</b>	HIV+ (HIV+ status/ asymptomatic HIV)	<b>Z21</b>
		HIV Counseling	<b>Z71.7</b>

# HIV Post-Test Counseling

## HIV Positive Results (Asymptomatic) (2)

### Case Study #7 Rationale:

- The patient returned for HIV test results. Since the results are positive, this is considered a sick visit encounter.
- An expanded problem focused history with low medical decision making is performed and documented in the health record.
- Prescriptions are dispensed and documented in the health record.
- Instructions for proper medication use and treatment plan are both documented in the health record.
- The E&M components are: expanded problem focused history and low medical decision making.
  - Assign an established patient E&M code based on the level of care provided.
  - The E&M code for this scenario is 99213.

# HIV Post-Test Counseling HIV Positive Results (Asymptomatic) (3)

## Case Study #7 Rationale (con't):

### ICD-10 codes

- The patient returned for their HIV test results. The medical record states that the patient is HIV+ (asymptomatic) – code Z21
- The physician counsels the patient. The physician gives the patient some education materials and counsels on the importance of safe sex practices – code Z71.7

# HIV Post-Test Counseling AIDS Results (Symptomatic)

**Case Study #8:** The patient returns for HIV test results. The physician advises the patient that the results are positive for HIV infection (symptomatic HIV/AIDS). The physician counsels the patient for 15 minutes on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. This is an expanded problem focused history with low medical decision making established patient visit.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	<b>Office E&amp;M 99213</b>	AIDS (HIV infection)	<b>B20</b>
		HIV Counseling	<b>Z71.7</b>

# HIV Post-Test Counseling AIDS Results (Symptomatic) (2)

## Case Study #8 Rationale:

- The patient returned for HIV test results. Since the results are positive, this is considered a sick visit encounter.
- A brief history and exam is performed and documented in the health record.
- Prescriptions are dispensed and documented in the health record.
- Instructions for proper medication use and treatment plan are both documented in the health record.
- The E&M components are: expanded problem focused history and medical decision making is low.
  - Assign an established patient E&M code based on the level of care provided.
  - The E&M code for this scenario is 99213.

# HIV Post-Test Counseling AIDS Results (Symptomatic) (3)

## Case Study #8 Rationale (con' t):

### ICD-10 codes

- The patient returned for their HIV test results. The medical record states that the patient has AIDS (symptomatic HIV) – code B20
- The physician counsels the patient for 20 minutes and distributes HIV/AIDS education literature
- The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times – code Z71.7

# HIV Post-Test Counseling AIDS Results (Symptomatic) (4)

**Case Study #9:** Patient returns for HIV test results. The physician advises the patient of a confirmed diagnosis of the HIV-2 infection. The physician counsels the patient for 15 minutes on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. This is an expanded problem focused history with low medical decision making established patient visit. (Note: This patient recently relocated to the U.S. from West Africa; a country with a high prevalence of HIV-2 infection.)

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	<b>Office E&amp;M 99213</b>	AIDS (HIV infection)	<b>B20</b>
		HIV-2 Infection	<b>B97.35</b>
		HIV Counseling	<b>Z71.7</b>

# HIV Post-Test Counseling AIDS Results (Symptomatic) (5)

## Case Study #9 Rationale:

- The patient returned for their HIV test results. Since the results are positive, this is considered a sick visit encounter.
- A brief history and exam is performed and documented in the health record.
- Prescriptions are dispensed and documented in the health record.
- Instructions for proper medication use and treatment plan are both documented in the health record.
- The E&M components are: expanded problem focused history and medical decision making is low.
  - Assign an established patient E&M code based on the level of care provided.
  - The E&M code for this scenario is 99213.

# HIV Post-Test Counseling AIDS Results (Symptomatic) (6)

## Case Study #9 Rationale (con' t):

### ICD-10 codes

- The patient returned for their HIV test results. The medical record states that the patient has HIV-2 infection – ICD-10-CM codes B20 + B97.35
- Assign ICD-10-CM code B20 for HIV-1. This code is always sequenced as the principal diagnosis code (PDx).
- Assign ICD-10-CM code B97.35 for HIV-2. This code is always sequenced as the secondary diagnosis code (SDx). This code is never reported alone.
- The physician counsels the patient and explains HIV-2 infection in detail. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times – ICD-10 code Z71.7.

# Antiretroviral Therapy Visit Newborn

**Case Study #10:** An HIV+ mom presents to the pediatrician's office for antiretroviral therapy follow-up 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. Medical decision making is low.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	<b>Office E&amp;M 99213</b>	Inconclusive HIV Test	<b>R75</b>
		Contact with/exposure to other viral diseases (HIV/AIDS)	<b>Z20.6</b>

# Antiretroviral Therapy Visit Newborn (2)

## Case Study #10 Rationale:

- An HIV+ mom presents to the pediatrician's office with her 2 month old baby for antiretroviral therapy follow up.
- This is considered a sick visit encounter.
- An expanded problem focused history and brief exam is performed and documented in the health record.
- Lab results are reviewed which results in modification of the medication. Prescriptions are dispensed and documented in the health record.
- The E&M components are: expanded problem focused history, expanded problem focused exam and medical decision making is low.
  - Assign an established patient E&M code based on the level of care provided: 99213

# Antiretroviral Therapy Visit Newborn (3)

## Case Study #10 Rationale (con' t):

### ICD-10 codes

- An HIV+ mom visits the pediatrician's office with her 2 month old baby for antiretroviral therapy follow up.
- The newborn's diagnosis of HIV+ is the result of the mother's antibody status.
- "False positive" diagnoses could last up to 18 months in newborns.
- Report inconclusive HIV test results as the principal diagnosis code - ICD-10-CM R75.
- Report exposure to HIV/AIDS as the secondary diagnosis code - ICD-10 code Z20.6.

# Office Visit AIDS Related

**Case study #11:** Patient with a history of AIDS comes to his primary care doctor for complaints of fever and extreme fatigue due to possible pneumonia. The physician documents an expanded problem focused history, examines the respiratory system and issues a prescription for antibiotics. The final diagnoses are Pneumocystis carini pneumonia (PCP) and AIDS. (Established patient)

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	Office E&M 99213	AIDS	B20
		PCP	B59

# Office Visit AIDS Related (2)

## Case Study #11 Rationale

- Patient with a history of AIDS presents with complaints of fever and extreme fatigue
- This is considered a sick visit encounter.
- An expanded problem focused history and low medical decision making is documented in the health record.
  - Prescriptions are dispensed and documented in the health record.
  - Assign an established patient E&M code based on the level of care provided: 99213

# Office Visit AIDS Related (3)

## Case Study #11 Rationale

ICD-10 codes

- Patient with AIDS presents with complaints of fever and extreme fatigue
- Final diagnoses documented in the medical record are Pneumocystis carinii 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 #12:** 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.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	Office E&M 99214	Nausea with vomiting due to chemo	R11.2
		Dehydration due to chemo	E86.0
		Invasive endo-cervical cancer	C53.0
		Adverse effects of antineoplastic drugs	T45.1x5A
		AIDS	B20

# Office Visit non-AIDS Related (2)

## Case Study #12 Rationale

- Patient with a history of AIDS and post op TAH presents with complaints of nausea, vomiting and dehydrated due to chemo treatment earlier today.
- This is considered a sick visit encounter.
- The physician documents a detailed history and moderate medical decision making in the health record.
  - Prescriptions are dispensed and documented in the health record.
  - Assign an established patient E&M code based on the level of care provided: 99214

# Office Visit non-AIDS Related (3)

## Case Study #12 Rationale

### ICD-10 codes

- 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
  - 3<sup>rd</sup>: cervical cancer=C53.0
  - 4<sup>th</sup>: adverse effects of chemo treatment =T45.1x5A
  - 5<sup>th</sup>: AIDS condition=B20

# Office Visit non-AIDS Related (4)

**Case study #13:** A 5 month (20 weeks) pregnant patient with a history of AIDS presents to her OB appointment complaining of severe cramping and heavy bleeding. The physician documents a comprehensive history. High medical decision making includes the patient being put on IV meds and the bleeding stopped. The patient was sent to the hospital Labor and Delivery dept.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	99215	Threatened abortion in early pregnancy	O20.0
		Infectious and parasitic conditions complicating pregnancy	O98.712
		AIDS	B20

# Office Visit non-AIDS Related (5)

## Case Study #13 Rationale

- A 5 month (20 weeks) pregnant patient with a history of AIDS presents to her OB appointment complaining of severe cramping and heavy bleeding.
- This is considered a sick visit encounter.
- The physician documents a comprehensive history and high medical decision making includes IV meds.
  - Patient was sent to labor and delivery.
  - Assign an established patient E&M code based on the level of care provided: 99215

# Office Visit non-AIDS Related (6)

## Case Study#13 Rationale

### ICD-10 codes

- Pregnant patient with a history of AIDS presents to her OB 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)
  - Sdx=infectious and parasitic conditions in pregnancy (O98.71)
  - 3<sup>rd</sup> 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 #14:** 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.

Description	ICD-9-CM Codes	Description	ICD-10-CM Codes
Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making	99203-25	Special Screening for Other Specified Viral Diseases (HIV/AIDS)	Z11.4
		Pre-exposure prophylaxis	Z20.6
Routine venipuncture	36415	HIV counseling	Z71.7
		Contact with contaminated hypodermic needle, initial encounter (ICD-9 says accident)	W46.1xxA

# PEP Visit Office Staff (2)

## Case Study #14 Rationale:

- This is an encounter for an accidental needle stick after drawing bloodwork from an AIDS patient
- This is considered a sick visit encounter.
- The physician documents a detailed history, problem focused exam and medical decision making includes blood work, a supply 48 hour PEP medication and counsels the medical assistant regarding transmission prevention
  - Assign an established patient E&M code based on the level of care provided: 99213
- Append modifier 25 to the E&M service to indicate that a separate service was also rendered
  - Check with your local Medicaid agency for the applicable modifier

# PEP Visit Office Staff (3)

## Case Study 14 Rationale:

### ICD-10 codes

- 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)
  - 3<sup>rd</sup> =HIV counseling code (Z71.7)
  - 4<sup>th</sup>=contact with contaminated hypodermic needle (W46.1xxA)
    - This is an external cause code that further describes the accidental finger stick

Maximizing Third Party Reimbursement  
Through Enhanced  
Medical Documentation and Coding

**Closing Comments**

# E&M Coding Tips

- HIV Testing with Preventive Care including Counseling

## Report:

- CPT 99381-99387 for patients that meet the new patient criteria
- CPT 99391-99397 for patients that meet the established patient criteria

- HIV Counseling without Testing (excluding Preventive Care)

## Report:

- CPT 99401-99404 based on the time spent counseling the patient

# E&M Coding Tips (2)

- HIV Post Test Counseling (Results Negative)

Report:

– CPT 99401 to 99404      - OR -      CPT 99211 to 99215

- HIV Post Test Counseling with Coordination of Care (Results Positive)

Report:

– CPT 99401 to 99404      - OR -      CPT 99211 to 99215

## NOTES

- E&M counseling or established patient codes
- Contact your local Medicaid agency for specific coding guidance

# HIV Test Coding Tips

- HIV Pre-Test with Testing and Preventive Care including Counseling

## Report:

- The applicable CPT/HCPCS code for the HIV test performed
- The applicable HIV test modifier

- HIV Counseling without Testing (excluding Preventive Care)

## Report:

- The applicable CPT/HCPCS code for the HIV test performed
- The applicable HIV test modifier

# HIV Test Coding Tips (2)

- Point of Care (Rapid HIV) Testing and Preventive Care including Counseling

## Report:

- The applicable CPT/HCPCS code for the HIV test performed
- The applicable HIV test modifier

- Point of Care (Rapid HIV) Testing including Counseling (without Preventive Care)

## Report:

- The applicable CPT/HCPCS code for the HIV test performed
- The applicable HIV test modifier

# HIV Test Coding Tips (3)

- HIV Testing/Confirmatory Testing processed by Pathologist

## Report:

- Codes G0432-G0433, 87389-87391, 87534-87539 for non-rapid testing
- CPT 86689 for confirmatory testing
- The applicable HIV test modifier

# 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

# Diagnoses Coding Tips (4)

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 (5)

## 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

# 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

# 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

CPT® 2015 Professional Edition. Publisher: American Medical Association.

HCPCS Level II 2015. 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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