Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment Four of the Webinar Series
Thursday, March 17, 2016
• Diverse staff of professionals with HIV, HCV, and LGBT clinical, global, cultural competency, prevention, and other experience – particularly within LGBT and other underserved communities

• Numerous strategic partnerships with national and local organizations (non-profit, clinical, behavioral, political, and technological)
Overview & Purpose

Fiscal Health: Systems to Sustainability is an education, training, and technical assistance (TA) program that addresses the fiscal sustainability of Ryan White funded organizations by building their fiscal management capacity. Through this HRSA/HAB-supported program, a diverse and culturally competent team of fiscal management experts design and implement effective regional trainings and individual TA focusing on HRSA programs and fiscal requirements and contracts management with specifications for the jurisdictions receiving training or TA.

The Fiscal Health: Systems to Sustainability trainings and TA help develop and/or enhance operational fiscal systems, with emphasis on monitoring standards, budgeting, fiscal standards, diversifying income streams, and quality controls for sub-recipients and contractors.
Upcoming Regional Trainings

- April 19-20, Newark, NJ
- May 24-25, St. Paul, MN

These two-day interactive trainings are designed to build Ryan White-funded recipients' and subrecipients' fiscal management capacity and to enhance compliance with HRSA/HAB fiscal requirements.

The trainings are open to organizations that receive Ryan White Parts A, B, C, D, and F funding. Those who engage in fiscal and programmatic oversight of their organization's Ryan White activities are particularly encouraged to attend.

Please email anna@healthhiv.org for more information.
Available for Download

Now or following the web meeting today:

- PPT slide deck
- Webinar recording
- Q&A responses
Instant Polling & Chat Box

• Multiple Choice Polling
  
  Instant Poll
  
  Cost Benefit Analysis Webinar
  
  Poll Question: Have you ever conducted a cost benefit analysis for HIV services?

• Questions? - Chat Box
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.
Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment 4: Wrap Up- Coding Scenarios

Prepared By: Stacey L. Murphy, MPA, RHIA, CPC
AHIMA Approved ICD-10-CM/ICD-10-CM Trainer
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.
CPT codes, descriptions and material only are
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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
- Dx – Diagnosis
- EIA - Enzyme Immunoassay
Acronyms Used

• **ELISA** - Enzyme Linked Immunosorbent Assay
• **E&M** - Evaluation and Management
• **EPF** - Expanded Problem Focused
• **GYN** - Gynecology/Gynecologist
• **HEDIS** - Healthcare Effectiveness Data and Information Set
• **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, 10th Revision, Clinical Modification
Acronyms Used

• **ICD-10-PCS** - International Classification of Diseases, 10th 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
Acronyms Used

- **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
MULTIPLE CHOICE: What role do you play at your health care center or facility:
A-clinical staff (MD’s, NP’s, PA’s, RN’s, etc)
B-Office Manager/ Supervisor, Front desk/Patient registration
C-Biller, Coder, Insurance Follow up specialist
D-Other
# E&M Service Codes

## New Patient Visit

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

- **HISTORY**
  - HPI
  - ROS
  - PMFSH

- **1995 EXAM**
  - Body areas/organ systems

- **MDM**
  - SF

- **AVERAGE TIME SPENT**
  - 10 minutes
  - 20 minutes
  - 30 minutes
  - 45 minutes
  - 60 minutes
# E&M Service Codes

## Established Patient Visit

<table>
<thead>
<tr>
<th>CPT</th>
<th>99211</th>
<th>99212</th>
<th>99213</th>
<th>99214</th>
<th>99215</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISTORY - HPI</td>
<td>May not require the presence of an MD. Typically, 5 min are spent performing these services.</td>
<td>1-3</td>
<td>1-3</td>
<td>&gt;4 acute problems or status of 3 active chronic problems</td>
<td>&gt;4 acute problems or status of 3 active chronic problems</td>
</tr>
<tr>
<td>HISTORY - ROS</td>
<td>N/A</td>
<td>1</td>
<td>2-9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>HISTORY - PMFSH</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>2-3</td>
<td></td>
</tr>
<tr>
<td>1995 EXAM (Body areas/organ systems)</td>
<td>1</td>
<td>2-4</td>
<td>5-7</td>
<td>&gt;8 OS or comprehensive exam of 1 single system</td>
<td></td>
</tr>
<tr>
<td>MDM</td>
<td>SF</td>
<td>LOW</td>
<td>MOD</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td>AVERAGE TIME SPENT</td>
<td>5 minutes</td>
<td>10 minutes</td>
<td>15 minutes</td>
<td>25 minutes</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>

**NOTE:** Code 99211 typically reported when minimal services rendered by an RN prior MD orders documented in the medical record.
## E&M Service Codes

### Preventive Medicine/Well Visits

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

Note: These codes include preventive medicine counseling with risk factor reduction. Do not report CPT codes 99401-99404.
## E&M Service Codes

### Preventive Medicine Counseling Visits

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>CODE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>99401</td>
<td>15 minutes</td>
</tr>
<tr>
<td>99402</td>
<td>30 minutes</td>
</tr>
<tr>
<td>99403</td>
<td>45 minutes</td>
</tr>
<tr>
<td>99403</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HCPCS/CPT CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>86701</td>
<td>HIV 1; single result (RAPID)</td>
</tr>
<tr>
<td>86702</td>
<td>HIV 2, single result (RAPID)</td>
</tr>
<tr>
<td>86703</td>
<td>HIV 1 &amp; HIV 2; single result (RAPID)</td>
</tr>
<tr>
<td>86689</td>
<td>HIV confirmatory (Western Blot)</td>
</tr>
<tr>
<td>G0435</td>
<td>HIV 1 and/or HIV 2; single result (RAPID)</td>
</tr>
</tbody>
</table>

Rapid Tests also known as “Point of Care” Tests
HIV Test Codes

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

**HIV Antigen** – testing for the presence of the HIV infection

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

Rapid Tests also known as “Point of Care” Tests
## HIV Test Codes

<table>
<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>87391</td>
<td>EIA HIV 2; qualitative or semi-quantitative; multi-step</td>
</tr>
<tr>
<td>87534</td>
<td>DNA/RNA; HIV 1; direct probe</td>
</tr>
<tr>
<td>87535</td>
<td>DNA/RNA; HIV 1; amplified probe</td>
</tr>
<tr>
<td>87536</td>
<td>DNA/RNA; HIV 1; quantification</td>
</tr>
<tr>
<td>87537</td>
<td>DNA/RNA; HIV 2; direct probe</td>
</tr>
<tr>
<td>87538</td>
<td>DNA/RNA; HIV 2; amplified probe</td>
</tr>
<tr>
<td>87539</td>
<td>DNA/RNA; HIV 2; quantification</td>
</tr>
</tbody>
</table>
• **TRUE/FALSE:** E&M code 99211 is used to report a follow up office visit encounter rendered by an RN?
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
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
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
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
According to the ICD-10-CM Official Coding Guidelines, ICD-10-CM code B20 includes the following terms:

<table>
<thead>
<tr>
<th>Acquired immune deficiency syndrome</th>
<th>HIV infection, symptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired immunodeficiency syndrome</td>
<td>HIV 1</td>
</tr>
<tr>
<td>AIDS</td>
<td>Pre-AIDS</td>
</tr>
<tr>
<td>AIDS-like syndrome</td>
<td>Prodromal AIDS</td>
</tr>
<tr>
<td>AIDS-related complex</td>
<td>HIV Disease</td>
</tr>
</tbody>
</table>
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 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+
<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| 042           | HIV Disease  
  − AIDS  
  − AIDS Like Syndrome  
  − AIDS Related Complex (ARC)  
  − Symptomatic HIV Infection  
  − HIV 1 | B20           | HIV Disease  
  − AIDS  
  − AIDS Like Syndrome  
  − AIDS Related Complex (ARC)  
  − Symptomatic HIV Infection  
  − HIV 1 |
| V08           | − Asymptomatic human immunodeficiency virus [HIV] infection status  
  − Asymptomatic HIV status  
  − HIV+  
  − HIV + status | Z21           | − Asymptomatic human immunodeficiency virus [HIV] infection status  
  − Asymptomatic HIV status  
  − HIV+  
  − HIV + status |
### Commonly Used Codes

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| 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

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

### 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+
<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V01.79</td>
<td>Contact With/Exposure to Other Viral Diseases (HIV/AIDS)</td>
<td></td>
<td>- Contact with and (suspected) exposure to human immunodeficiency virus [HIV]</td>
</tr>
<tr>
<td></td>
<td>- PrEP</td>
<td>Z20.6</td>
<td>- PreEP</td>
</tr>
<tr>
<td></td>
<td>NOTE: Code also maps to Z20.5, Z20.828</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V69.2</td>
<td>High Risk Sexual Behavior</td>
<td>Z72.51</td>
<td>High risk heterosexual behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z72.52</td>
<td>High risk homosexual behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z72.53</td>
<td>High risk bisexual behavior</td>
</tr>
<tr>
<td>V69.8</td>
<td>Other Problems Related to Lifestyle</td>
<td>Z72.89</td>
<td>Other problems related to lifestyle</td>
</tr>
<tr>
<td></td>
<td>- Asymptomatic high risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Report as SDx code only (when applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: Code also maps to Z72.0, Z72.821, Z73.0-Z73.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Codes</td>
<td>Description</td>
<td>ICD-10-CM Codes</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>-----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>079.52</td>
<td>Human T-cell lymphotrophic virus, type II [HTLV-II]</td>
<td>B97.34</td>
<td>Human T-cell lymphotrophic virus, type II [HTLV-II] as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>079.53</td>
<td>HIV 2</td>
<td>B97.35</td>
<td>Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td></td>
<td>Report as SDx code only (when applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V07.8</td>
<td>Other specified prophylactic measure</td>
<td>Z41.8</td>
<td>Encounter for other procedures for purposes other than remedying health state</td>
</tr>
<tr>
<td>V74.5</td>
<td>Screening examination for venereal disease</td>
<td>Z11.3</td>
<td>Encounter for screening for infectious with a predominantly sexual mode of transmission</td>
</tr>
</tbody>
</table>
# Commonly Used Codes

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| V58.69         | Long-term (current) use of other medications | Z79.899       | – 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**

**Opportunistic Infections:**

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

*NOTE: Check CDC’s website for comprehensive list of OI’s*
<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Code Description</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>031.2</td>
<td>Mycobacterium Avium Complex (MAC or MAI)</td>
<td>A31.2</td>
</tr>
<tr>
<td>136.3</td>
<td>Pneumocystis Carini Pneumonia (PCP)</td>
<td>B59</td>
</tr>
<tr>
<td>130.0-130.9</td>
<td>Toxoplasmosis (Toxo)</td>
<td>B58.00-B58.9</td>
</tr>
<tr>
<td>011.00-018.96</td>
<td>Tuberculosis (TB)</td>
<td>A15.0-A19.9</td>
</tr>
<tr>
<td>482.9</td>
<td>Recurrent severe bacterial pneumonia</td>
<td>J15.9</td>
</tr>
<tr>
<td>799.4</td>
<td>• Cachexia</td>
<td>R64</td>
</tr>
<tr>
<td></td>
<td>• Wasting syndrome</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Check CDC’s website for comprehensive list of OI’s
# Other Codes

## Accidental Finger Stick

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E920.5</td>
<td>Accident caused by hypodermic needle Needlestick</td>
<td>W46.0xxA</td>
<td>Contact with hypodermic needle, initial encounter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.0xxD</td>
<td>Contact with hypodermic needle, subsequent encounter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.0xxS</td>
<td>Contact with hypodermic needle, sequela</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.1xxA</td>
<td>Contact with contaminated hypodermic needle, initial encounter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.1xxD</td>
<td>Contact with contaminated hypodermic needle, subsequent encounter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>W46.1xxS</td>
<td>Contact with contaminated hypodermic needle, sequela</td>
</tr>
</tbody>
</table>

Never sequenced as the principal diagnosis code
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

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

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V70.0</td>
<td>Routine General Medical Exam</td>
<td>Z00.00</td>
<td>Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td></td>
<td>– Well Visit</td>
<td>*Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
</tr>
<tr>
<td>V20.2</td>
<td>Routine infant or child health check</td>
<td>*Z00.121</td>
<td>Encounter for routine child health examination with abnormal findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z00.129</td>
<td>Encounter for routine child health examination without abnormal findings</td>
</tr>
</tbody>
</table>

**NOTE:** *Use additional code to identify any abnormal findings*
## Other Codes

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| V20.31         | – Health supervision for newborn under 8 days old  
                 – Health check for newborn under 8 days old | *Z00.110 | – Health examination for newborn under 8 days old  
                 – Health check for newborn under 8 days old |
| V20.32         | – Health supervision for newborn 8 to 28 days old  
                 – Health check for newborn 8 to 28 days old  
                 – Newborn weight check | *Z00.111 | – 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*
<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Description</th>
<th>ICD-10-CM Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V65.49</td>
<td>Other specified counseling</td>
<td>Z70.0</td>
<td>Counseling related to sexual attitude</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z70.1</td>
<td>Counseling related to patient’s sexual behavior and orientation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z70.3</td>
<td>Counseling related to sexual behavior and orientation of third party (child, partner, spouse)</td>
</tr>
<tr>
<td>V67.9</td>
<td>Unspecified follow up exam</td>
<td>Z08</td>
<td>Encounter for follow-up examination after completed treatment for malignant neoplasm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z09</td>
<td>Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm</td>
</tr>
</tbody>
</table>
Diagnoses Coding Tips

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

- Suspected
- Suspicion of
- Possible
- Likely
- Rule out

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

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
TRUE/FALSE: According to the ICD-10-CM Official Coding Guidelines, AIDS related conditions are sequenced as the secondary diagnosis code.
Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Coding Scenarios
**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.

| Report a preventive medicine counseling CPT code based on the total time spent with the patient | Office Service 99402 | Report the HIV Counseling ICD-10-CM code | Dx Code Z71.7 |
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.
**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.

<table>
<thead>
<tr>
<th>Report a preventive medicine CPT code based on the patient’s age and new patient status with the applicable modifier</th>
<th>Office Service 99385-25</th>
<th>Report Dx Codes: Well visit HIV screening HIV counseling High risk behavior</th>
<th>Z00.00 Z11.4 Z71.7 Z72.51</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the rapid HIV test CPT code with the applicable modifier</td>
<td>Test Product 86701-92 or QW</td>
<td>Report Dx Codes: HIV screening HIV counseling High risk behavior</td>
<td>Z11.4 Z71.7 Z72.51</td>
</tr>
</tbody>
</table>

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

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
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.

| 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.
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).
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
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.

<table>
<thead>
<tr>
<th>Report a counseling code based on the total time spent counseling the patient</th>
<th>99402-25</th>
<th>Dx#1 - Special Screening for other specified viral diseases (HIV screening)</th>
<th>Z11.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the venipuncture code for blood work</td>
<td>36415</td>
<td>Dx#2 - HIV Counseling</td>
<td>Z71.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dx#3 - High Risk Sexual Behavior</td>
<td>Z72.51</td>
</tr>
</tbody>
</table>

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

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

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
### 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.

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>99213-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the venipuncture code for blood work</td>
<td>36415</td>
</tr>
<tr>
<td>Dx#1 – HIV+</td>
<td>Z21</td>
</tr>
<tr>
<td>Dx#2 - HIV Counseling</td>
<td>Z71.7</td>
</tr>
<tr>
<td>Dx#3 - Other Problems Related to Lifestyle (Asymptomatic high risk)</td>
<td>Z72.89</td>
</tr>
</tbody>
</table>
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.
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
**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.

<table>
<thead>
<tr>
<th>Report a preventive medicine counseling CPT code based on the total time spent counseling the patient</th>
<th>CPT Code</th>
<th>HIV Counseling</th>
<th>Z71.7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99402</td>
<td>High Risk Behavior</td>
<td>Z72.51</td>
</tr>
</tbody>
</table>

HIV Counseling
HIV Post-Test Counseling Negative Results

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.
**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.

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>Office E&amp;M 99213</th>
<th>HIV+ (HIV+ status/asymptomatic HIV)</th>
<th>Z21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HIV Counseling</td>
<td>Z71.7</td>
</tr>
</tbody>
</table>
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)

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
**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.

| 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 (HIV infection) | B20 |
| HIV Counseling | Z71.7 |
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.
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
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.)

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>Office E&amp;M 99213</th>
<th>AIDS (HIV infection)</th>
<th>B20</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-2 Infection</td>
<td>B97.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Counseling</td>
<td>Z71.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

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.
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.

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>Office E&amp;M 99213</th>
<th>Inconclusive HIV Test</th>
<th>R75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with/exposure to other viral diseases (HIV/AIDS)</td>
<td>Z20.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• 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
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.
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)

Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making

<table>
<thead>
<tr>
<th>Office E&amp;M</th>
<th>AIDS</th>
<th>PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>B20</td>
<td>B59</td>
</tr>
</tbody>
</table>
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
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 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
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.

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>Office E&amp;M 99214</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea with vomiting due to chemo</td>
<td>R11.2</td>
</tr>
<tr>
<td>Dehydration due to chemo</td>
<td>E86.0</td>
</tr>
<tr>
<td>Invasive endo-cervical cancer</td>
<td>C53.0</td>
</tr>
<tr>
<td>Adverse effects of antineoplastic drugs</td>
<td>T45.1x5A</td>
</tr>
<tr>
<td>AIDS</td>
<td>B20</td>
</tr>
</tbody>
</table>
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 is 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
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
  - 3rd: cervical cancer = C53.0
  - 4th: adverse effects of chemo treatment = T45.1x5A
  - 5th: AIDS condition = B20
Case study#13: A 5 month (20 weeks) pregnant patient with a history of AIDS presents to her OB appt 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.

Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>99215</td>
<td>Threatened abortion in early pregnancy</td>
</tr>
<tr>
<td></td>
<td>O20.0</td>
</tr>
<tr>
<td></td>
<td>Infectious and parasitic conditions complicating pregnancy</td>
</tr>
<tr>
<td></td>
<td>O98.712</td>
</tr>
<tr>
<td></td>
<td>AIDS</td>
</tr>
<tr>
<td></td>
<td>B20</td>
</tr>
</tbody>
</table>
Case Study#13 Rationale

- A 5 month (20 weeks) pregnant patient with a history of AIDS presents to her OB appt 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
Case Study#13 Rationale

ICD-10 codes

- Pregnant patient with a history of AIDS presents to her OB appt 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)
  - 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.
**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.

<table>
<thead>
<tr>
<th>Report an established patient office visit E&amp;M CPT code based on level of history, exam and medical decision making</th>
<th>99203-25</th>
<th>Special Screening for Other Specified Viral Diseases (HIV/AIDS)</th>
<th>Z11.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-exposure prophylaxis</td>
<td></td>
<td>Z20.6</td>
<td></td>
</tr>
<tr>
<td>Routine venipuncture</td>
<td>36415</td>
<td>HIV counseling</td>
<td>Z71.7</td>
</tr>
<tr>
<td>Contact with contaminated hypodermic needle, initial encounter (ICD-9 says accident)</td>
<td></td>
<td>W46.1xxA</td>
<td></td>
</tr>
</tbody>
</table>
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.
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:
  Ø PDx=HIV (special) screening test code (Z11.4)
  Ø SDx=Contact with or (suspected) exposure to HIV (Z20.6)
  Ø 3rd =HIV counseling code (Z71.7)
  Ø 4th=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
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

• 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

• 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

- 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
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
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

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

− 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

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

- Suspected
- Suspicion of
- Possible
- Likely
- Rule out

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

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.
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 diagnoses codes.
• 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**
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
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?

- 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
**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 143/90 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.  

**T/F:** The ICD-10 principal diagnosis code is R75; inconclusive HIV results.

<table>
<thead>
<tr>
<th></th>
<th>ICD-9-CM Codes</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
<td>Z71.7</td>
</tr>
<tr>
<td>HTN</td>
<td>401.9</td>
<td>I10</td>
</tr>
<tr>
<td>Prescription Refill</td>
<td>V68.1</td>
<td>Z67.0</td>
</tr>
</tbody>
</table>
Web Resources

• Centers for Medicare and Medicaid Services (CMS)
  http://www.cms.gov/center/coverage.asp

• Food and Drug Administration (FDA)
  http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm

• American Medical Association (AMA)

• National Center for Health Statistics (NCHS)

• Centers for Disease Control (CDC)
  http://www.cdc.gov/hiv/
Web Resources

- American Academy of Professional Coders (AAPC)

- American Health Information Management Association (AHIMA)
  http://www.ahima.org/resources/default.aspx

- The American Academy of Family Physicians (AAFP)
  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-10-CM Fast Finder Sheets. Publisher: Ingenix Optum.

Note: Coding resources are updated annually. Please be sure to update coding resources each year.
If your organization would benefit from individualized technical assistance on enhanced medical billing practices or any other topic related to fiscal management and grants compliance, please contact us.

samantha@healthhiv.org