Webinar Series:
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
- Provides education and capacity building services to a variety of individuals and organizations serving racial/ethnic minority communities and other vulnerable populations.

- Offers robust array of tailored, specialized, capacity building services that:
  - Focus on the rapidly changing healthcare landscape
  - Encompass the entire HIV care continuum
  - Engage both prevention, care, and treatment providers
  - Build public-private partnerships
  - Focus on sustainable and meaningful outcomes
Stacey L. Murphy, Presenter

• 28 years of revenue cycle management, 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 Director of Coding Education at Bronx Lebanon Hospital Center, she conducted coding workshops and one-on-one coding education to ensure proper documentation and coding to physicians, non-physician providers and administrative staff. She recently accepted a position as Chief of the Health Information Management (HIM) department working for the Veterans Administration.
Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment 4: Wrap Up – Coding Scenarios

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Learning Outcomes

- Review CPT, HCPCS and ICD-9-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
Acronyms Used

- 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
- HCPCS - Healthcare Common Procedure Coding System
- HHS - Health and Human Services
- HIPAA - Health Insurance Portability and Accountability Act
- HPI - History of Present Illness
Acronyms Used

- **ICD-9-CM** - International Classification of Diseases, 9th Revision, Clinical Modification
- **ICD-10-CM** - International Classification of Diseases, 10th Revision, Clinical Modification
- **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
Acronyms Used

- **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
- **QARR** - Quality Assurance Reporting Requirements
- **ROS** - Review of Systems
- **WHO** - World Health Organization
# 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>
# 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.
## 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
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>99404</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.
HIV Test Codes

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

- CPT 86701 – HIV 1; single result
- HCPCS G0435 – HIV 1 and/or HIV 2; single result
- CPT 86702 – HIV 2, single result
- CPT 86703 – HIV 1 & HIV 2; single result
- CPT 86689 – HIV confirmatory (Western Blot)
- Rapid HIV tests – G0435, 86701, 86702 and 86703
  - 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

**Venipuncture** – blood sample or urine sample collection

- CPT 36415 – routine venipuncture
- For HIV blood screening, must also report code 36415
HIV Test Codes

**HIV Antigen** - tests for the HIV infection

- CPT 87389 - EIA HIV 1 antibody with HIV 1 & HIV2 antigens; qualitative or semi-quantitative; single step
- HCPCS G0432 - EIA; HIV 1 and/or HIV 2
- CPT 87390 - EIA HIV 1; qualitative or semi-quantitative; multi-step
- CPT 87391 - EIA HIV 2; qualitative or semi-quantitative; multi-step
- HCPCS G0433 - ELISA; HIV 1 and/or HIV 2
- CPT 87534 - DNA/RNA; HIV 1; direct probe
- CPT 87535 - DNA/RNA; HIV 1; amplified probe
- CPT 87536 - DNA/RNA; HIV 1; quantification
- CPT 87537 - DNA/RNA; HIV 2; direct probe
- CPT 87538 - DNA/RNA; HIV 2; amplified probe
- CPT 87539 - DNA/RNA; HIV 2 quantification
Modifiers are two digit (numeric or alphanumerical) 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-9 codes
  - ICD-9 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 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
**Modifiers**

**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, G0433-G0435)
- **Do NOT** report with 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
Commonly Used Dx Codes

- **V01.79** – Contact With/Exposure to Other Viral Diseases (HIV/AIDS)
  - Pre-exposure prophylaxis
- **V67.9** – Follow Up Exam
- **V69.2** – High Risk Sexual Behavior
- **V69.8** – Other Problems Related to Lifestyle
  - Asymptomatic high risk
  - Report as secondary Dx code only (when applicable)
- **V70.0** – Routine General Medical Exam (Well Visit)
- **V73.89** – Special Screening for Other Specified Viral Diseases (HIV/AIDS)
- **V08** - Asymptomatic HIV status
  - HIV+
  - HIV + status
- **V65.44** - HIV Counseling
- **042** - HIV Disease
  - AIDS
  - AIDS Like Syndrome
  - AIDS Related Complex (ARC)
  - Symptomatic HIV Infection
  - HIV 1
- **079.53** - HIV 2
  - Report as secondary Dx code only (when applicable)
- **795.71** - Nonspecific Evidence of HIV
  - Inconclusive HIV Test
042 - Human immunodeficiency virus [HIV] disease
- Acquired immune deficiency syndrome
- Acquired immunodeficiency syndrome
- AIDS
- AIDS-like syndrome
- AIDS-related complex
- ARC
- HIV infection, symptomatic
- Pre-AIDS
- Prodromal-AIDS
- HIV disease

Use additional code(s) to identify all manifestations of HIV

Use additional code to identify HIV-2 infection (079.53)

EXCLUDES:
- Asymptomatic human immunodeficiency virus [HIV] , infection status (V08)
- Exposure to HIV virus (V01.79)
- Nonspecific serologic evidence of HIV (795.71)

079.53 - Human immunodeficiency virus, type 2 [HIV-2]
- Category code 079 Instructional Notes State: This category is provided to be used as an additional code to identify the viral agent in diseases classifiable elsewhere. This category will also be used to classify virus infection of unspecified nature or site
  - To locate this note, refer back to (category) code 079 - Viral and chlamydial infection in conditions classified elsewhere and of unspecified site
**V08 - Human immunodeficiency virus [HIV] status**

- HIV+
- Asymptomatic HIV

**Note**: This code is ONLY to be used when NO HIV infection symptoms or conditions are present. If any HIV infection symptoms or conditions are present, see code 042

**EXCLUDES**:
- Acquired immunodeficiency syndrome [AIDS] (042)
- Human immunodeficiency virus [HIV] disease (042)
- Nonspecific serologic evidence of HIV (795.71)
- Exposure to HIV virus (V01.79)
- Symptomatic human immunodeficiency virus [HIV] infection (042)

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**795.71 - Nonspecific serologic evidence of HIV**

- Inclusive human immunodeficiency [HIV] test (adult) (infant)

**Note**: This code is only to be used when a test finding is reported as nonspecific. Asymptomatic positive findings are coded to V08. If any HIV infection symptom or condition is present, see code 042. Negative findings are not coded.

**EXCLUDES**:
- Acquired immunodeficiency syndrome [AIDS] (042)
- Asymptomatic human immunodeficiency virus [HIV], infection status (V08)
- HIV infection, symptomatic (042)
- Human immunodeficiency virus [HIV] disease (042)
- Positive (status) NOS (V08)
According to the ICD-9-CM coding guidelines, code 042 includes the following terms:

- Acquired immune deficiency syndrome;
- Acquired immunodeficiency syndrome;
- AIDS;
- AIDS-like syndrome;
- AIDS-related complex; and
- HIV infection, symptomatic
- HIV 1
- Pre-AIDS
- Prodromal-AIDS
- HIV disease
1. Chapter 1: Infectious and Parasitic Diseases (001-139)

a. Human Immunodeficiency Virus (HIV) Infections (042)

1) Code only confirmed cases

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

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

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be 042, followed by additional diagnosis codes for all reported HIV-related conditions.

(d) Asymptomatic human immunodeficiency virus

V08 Asymptomatic human immunodeficiency virus [HIV] infection, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV,” “HIV test positive,” or similar terminology. Do not use this code if the term “AIDS” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use 042 in these cases.
(e) Patients with inconclusive HIV serology (795.71)
Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code 795.71, Inconclusive serologic test for Human Immunodeficiency Virus [HIV].

(f) Previously diagnosed HIV-related illness
Patients with any known prior diagnosis of an HIV-related illness should be coded to 042. Once a patient has developed an HIV-related illness, the patient should always be assigned code 042 on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (042) should never be assigned to 795.71 or V08.
(h) Encounters for testing for HIV (V73.89)

If a patient is being seen to determine his/her HIV status, use code V73.89, Screening for other specified viral disease. Use code V69.8, Other problems related to lifestyle, as a secondary code if an asymptomatic patient is in a known high risk group for HIV. Should a patient with signs or symptoms or illness, or a confirmed HIV related diagnosis be tested for HIV, code the signs and symptoms or the diagnosis. An additional counseling code V65.44 may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results use code V65.44, HIV counseling, if the results of the test are negative. If the results are positive but the patient is asymptomatic use code V08, Asymptomatic HIV infection. If the results are positive and the patient is symptomatic use code 042, HIV infection, with codes for the HIV related symptoms or diagnosis. The HIV counseling code may also be used if counseling is provided for patients with positive test results.
Stages of HIV Infection

• According to the National Institute of Health, the 3 stages of the HIV infection are:
  – **Acute HIV**
    – Exposed to HIV
    – Approximately 3 weeks to 8 months
  – **Chronic HIV Infection**
    – Asymptomatic HIV/HIV+
    – Approximately 5-10 years
  – **Chronic HIV ▶ AIDS**
    – Advanced stages of HIV infection
    – Opportunistic infections develop

• Various data suggests that there are 4 stages
• People living with HIV/AIDS face serious health threats known as “opportunistic infections” (OI’s)
Opportunistic Infections

- People with healthy immune systems can be exposed to four (4) types of infections with no reaction:
  - **Viral infections**
    - Kaposi Sarcoma
    - Herpes
    - Influenza (flu)
  - **Fungal infections**
    - Candida
    - Cryptococcus
  - **Bacterial infections**
    - Tuberculosis (TB)
    - Strep pneumonia
  - **Parasitic infections**
    - Pneumocystis carinii

People living with HIV/AIDS are not as fortunate.
Opportunistic Infections

• HIV/AIDS related “opportunistic infections” take advantage of the weakened immune system resulting in life threatening illnesses

• The most severe OI’s occur when the CD4 count is below 200 cells/mm3

• OI’s are common in people with HIV/AIDS and is the most common cause of death in people living with HIV/AIDS
Opportunistic Infections

• The CDC has a comprehensive list of OI’s located on their web page

• Most common OI’s:
  – Candidiasis (Thrush)
  – Cytomegalovirus (CMV)
  – Herpes simplex viruses (chronic)
  – Kaposi Sarcoma
  – Mycobacterium avium complex (MAC or MAI)
  – Pneumocystis pneumonia (PCP)
  – Toxoplasmosis (Toxo)
  – Tuberculosis (TB)
  – Recurrent severe bacterial pneumonia
  – Wasting Syndrome
  – Malaria
Inconclusive HIV Test

• Newborn babies born to HIV+ mothers often have a diagnosis of HIV+ as a result of the mother’s antibody status

• Diagnosis of HIV+ in newborns lasts up to 18 months after
  – In some cases newborns with HIV+ status may never become infected.
  – This is known as a “False Positive” result

• The coding book’s definition for “False Positive” is inconclusive HIV test results
  – ICD-9 code: 795.71
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-9-CM code | Dx Code V65.44 |

HealthHIV
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 (refer to slides 12-15)
  - Do NOT report the preventive medicine visit E&M codes because in this instance, the 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-9 code V65.44 (refer to slides 22-24)
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.

<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>V70.0 V73.89 V65.44 V69.2</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>V73.89 V65.44 V69.2</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.
Rapid HIV Testing with Preventive Care

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 (refer to slides 12-15).
- 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 (refer to slides 16-17).
- Both codes require the use of modifiers (refer to slides 18-21).
  - 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).
Case Study #2 Rationale (con’t):
ICD-9 codes refer to slides 22-24
The diagnoses codes should be sequenced as follows:

- The physician performs a well adult exam – ICD-9 code V70.0
- The physician performs an HIV (special) screening test – ICD-9 code V73.89
- The physician counsels the patient (HIV counseling) – ICD-9 code V65.44
- The patient indicates that they recently had unprotected sex – ICD-9 code V69.2
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

<table>
<thead>
<tr>
<th>Office Service</th>
<th>Report Dx Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>99395-25</td>
<td>Well visit</td>
</tr>
<tr>
<td></td>
<td>HIV screening</td>
</tr>
<tr>
<td></td>
<td>HIV counseling</td>
</tr>
<tr>
<td></td>
<td>High risk behavior</td>
</tr>
</tbody>
</table>

Report the rapid HIV test code with the applicable modifier

<table>
<thead>
<tr>
<th>Test Product</th>
<th>Report Dx Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>86701-92 or QW</td>
<td>HIV screening</td>
</tr>
<tr>
<td></td>
<td>HIV counseling</td>
</tr>
<tr>
<td></td>
<td>High risk behavior</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 #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 (refer to slides 12-15).

• 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 (slides 16-17).

• Both codes require the use of modifiers (refer to slides 18-21):
  – 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-9 codes refer to slides 22-24

• 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 – ICD-9 code V70.0
  – The physician performs an HIV (special) screening test – ICD-9 code V73.89
  – The physician counsels the patient (HIV counseling) – ICD-9 code V65.44
  – The patient indicates that they recently had unprotected sex – ICD-9 code V69.2
Case Study #4: A 47 year old 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>V73.89</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the venipuncture code for blood work</td>
<td>36415</td>
<td>Dx#2 - HIV Counseling</td>
<td>V65.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dx#3 - High Risk Sexual Behavior</td>
<td>V69.2</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 – refer to slides 16-17

• 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)
  – Refer to slides 18-21

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-9 codes refer to slides 22-24

• The codes should be sequenced as follows:
  – The physician performs an HIV (special) screening test – ICD-9 code V73.89
  – The physician counsels the patient (HIV counseling) – ICD-9 code V65.44
  – The patient indicates that they recently had unprotected sex – ICD-9 code V69.2
**HIV Testing with Counseling**

**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>
<th>Dx#1 – HIV+</th>
<th>V08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dx#2 - HIV Counseling</td>
<td>V65.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report the venipuncture code for blood work</td>
<td>36415</td>
<td>Dx#3 - Other Problems Related to Lifestyle (Asymptomatic high risk)</td>
<td>V69.8</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 – refer to slides 12-15

- PCP performed HIV blood test. PCP’s can only bill for point of care/rapid HIV screening tests.
  - Assign the CPT code for venipuncture – refer to slides 16-17
  - 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
  - Refer to slides 18-21

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

Case Study #5 Rationale: (refer to slides 22-24 for ICD-9 codes)

- The codes should be sequenced as follows:
  - Documentation states that the physician is HIV+ - ICD-9 code V08
  - The physician counsels the patient (HIV counseling) – ICD-9 code V65.44.
  - Documentation states that patient has a history of IV drug use – ICD-9 code V69.8
**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 99402</th>
<th>HIV Counseling</th>
<th>V65.44</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Behavior</td>
<td>V69.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 (refer to slides 12-15)
- 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-9 codes V65.44 and V69.2 (refer to slides 22-24)

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.

| Report an established patient office visit E&M CPT code based on level of history, exam and medical decision making | Office E&M 99213 | Asymptomatic HIV (HIV+, HIV+ status) | V08 |
| HIV Counseling | V65.44 |
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 (refer to slides 12-15).
Case Study #7 Rationale (con’t):

ICD-9 codes refer to slides 22-24

• The patient returned for their HIV test results. The medical record states that the patient is asymptomatic HIV (HIV+) – ICD-9 code V08

• The physician counsels the patient. The physician gives the patient some education materials and counsels on the importance of safe sex practices – ICD-9 codes V65.44
**HIV Post-Test Counseling**
**Positive 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.

| 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) 042 | HIV Counseling V65.44 |
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 (refer to slides 12-15)
HIV Post-Test Counseling
Positive Results (Symptomatic)

Case Study #8 Rationale (con’t):
ICD-9 codes refer to slides 22-24

– The patient returned for their HIV test results. The medical record states that the patient has AIDS (symptomatic HIV) – ICD-9 code 042

– 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. – ICD-9 codes V65.44
**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><strong>Office E&amp;M</strong></th>
<th>AIDS (HIV infection)</th>
<th>042</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-2 Infection</td>
<td>079.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Counseling</td>
<td>V65.44</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 (refer to slides 12-15)
Case Study #9 Rationale (con’t):

ICD-9 codes refer to slides 22-24

- The patient returned for their HIV test results. The medical record states that the patient has HIV-2 infection – ICD-9-CM codes 042 + 079.53

- Assign ICD-9-CM code 042 for HIV–1. This code is always sequenced as the principal diagnosis code (PDx).

- Assign ICD-9-CM code 079.53 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-9 code V65.44.
**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>795.71</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with/exposure to other viral diseases (HIV/AIDS)</td>
<td>V01.79</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
  - The E&M code for this scenario is 99213 (refer to slides 12-15).
Case Study #10 Rationale (con’t):

ICD-9 codes refer to slides 22-24

• 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 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-9-CM 795.71.

• Report exposure to HIV/AIDS as the secondary diagnosis code - ICD-9 code V01.79.
Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Closing Comments
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 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
“Active” versus “History of”

- Active translates to “the current the condition”
  - Active AIDS/HIV Infection (Dx code 042)
  - Active HIV+ (Dx code V08)
- There are no codes for “History of” AIDS, HIV infection or HIV+
  - Provider documentation must clearly denote the medical condition to ensure proper coding in the outpatient settings
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**
– 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
Lab Coding Tips

• CPT code 87389 includes 86703 (HIV 1 & HIV 2) and HIV-1 antigen tests (CPT codes 87535, 87536 and 87390)
  – If lab specimen performed (processed) the same day, report CPT 87389 only
    • CPT 87389 (DNA/RNA; HIV 2 quantification)

• Contact your local Medicaid agency for specific coding guidance
Health record documentation which states that the patient has:

- HIV+ with no previous HIV-related illness (past or present); this is asymptomatic; assign Dx code is V08
- HIV asymptomatic with current treatment for HIV-related illnesses or is described as having any condition(s) resulting from HIV+ status; assign Dx code 042
- Advanced HIV 2 infection; assign Dx code 042 and Dx code 079.53
- Inconclusive or nonspecific HIV test results; assign Dx code *795.71

NOTE: The * (asterisk symbol) means that the code is reported as an additional diagnoses code (SDx) and never reported as the principal diagnosis (PDx)
Health record documentation which states that the patient has:

- Exposure to, pre-exposure to or contact with someone who has HIV/AIDS; assign Dx code *V01.79 (note that this code is reported as an SDx; never as the PDx)
- Engaged in unsafe sex practices that increases their risk; assign Dx code *V69.8
- Present for a well visit encounter that includes HIV testing and counseling; assign Dx codes V70.0 + V65.44
- Present for HIV testing and counseling; assign Dx codes V73.89 + V65.44

NOTE: The * (asterisk symbol) means that the code is reported as an additional diagnoses code (SDx) and never reported as the principal diagnosis (PDx)
Never report the code for AIDS (042) or HIV+ (V08) 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
• i.e. Muscle aches, rash, mouth/genital ulcers, swollen lymph glands (neck)
Some opportunistic infections (OI’s), are inherent to HIV, such as *Pneumocystis carinii* pneumonia (Dx 136.3) and Kaposi’s sarcoma (Dx 176.x)

Once medical record documentation states any of the common OI’s, assign codes accordingly

- ICD-9-CM code 042 is the *principal diagnosis*
- OI condition code is the *secondary diagnosis*
Code Sequencing

• When it is necessary to report multiple diagnoses codes, accurate interpretation of coding guidelines ensures proper code sequencing.

• Coding guidelines that denote “principle diagnosis” vs. “secondary diagnosis” only, must be adhered to:
  – Codes designated as principal diagnosis codes are always sequenced first.
  – Codes designated as secondary/subsequent diagnoses codes are never sequenced first.

• “OI infection” codes are always assigned as the secondary diagnoses.

• The HIV-2 code is always assigned as the secondary diagnosis code (when documented).
ICD-10 Implementation Update

- **Sustainable Growth Rate (SGR) Passed 1997: Medicare physician reimbursement**
  - Since 2003, Congress has spent approximately $150 billion in temporary fixes ("patch")
    - Avoid cuts to Medicare payments
  - Most recent patch to expire March 31, 2014
    - Decrease Medicare reimbursement by approximately 24%
- **Sustainable Growth Rate (SGR) Repeal and Medicare Provider Payment Modernization Act of 2014 (Protecting Access to Medicare Act)**
  - What is the connection between the new bill and ICD-10?
ICD-10 Implementation Update

– **Timeline**
  – March 25, 2014: SGR bill (H.R. 4302) introduced in the U.S. House of Representatives at Midnight
  – March 26, 2014: Referred to 3 Committees - Energy & Commerce, Ways and Means, and Budget. Bill placed on suspension calendar
  – March 27, 2014: Less than one minute for House to vote on SGR bill and bill passed
  – March 31, 2014: Senate voted (3 hours) and bill passed
  – April 1, 2014: Presented to President Obama and signed into law

**Sec. 101 – Medicare physician payment updates**
“Extends current 0.5% update through December 2014 and 0% freeze from January 1, 2015 – March 31, 2015”

**Sec 212. – Delay in transition from ICD-9 to ICD-10 code sets**
“The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for codes sets under section 1173 (c) of the Social Security Act (42 U.S.C 1320d-2 (c) and section 162.1002 of title 45, Code of Federal Regulations)”
**Case Study:** Patient returns for HIV test results and also HTN prescriptions refills. The physician advises the patient of their results; confirmed AIDS condition. The physician spends 15 minutes counseling the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. After rechecking the blood pressure and noting 142/90 as unusually high. Medication dosage is increased, prescriptions and referral to see a nutritionist given to patient. This is an expanded problem focused history with moderate medical decision making for an established patient visit.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>level of history, exam and medical decision making</td>
<td>Office E&amp;M 99214</td>
<td>AIDS (HIV infection)</td>
<td>042</td>
<td>B20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV Counseling</td>
<td>V65.44</td>
<td>Z71.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HTN</td>
<td>401.9</td>
<td>I10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescription Refill</td>
<td>V68.1</td>
<td>Z67.0</td>
</tr>
</tbody>
</table>
Why Is Documentation Important?

- Medical record documentation must support the services submitted on claims to the local Medicaid agency

- Documentation should substantiate:
  - Medical necessity (diagnoses being treated)
  - E&M code selection
  - Diagnostic procedure code selection
  - Modifier usage

- Documentation inaccuracies result in payment recovery and heavy sanctions by the Office of Medicaid Inspector General
  - Sanctions include:
    - Restricted/Excluded from provider participation
    - Termination from provider participation
Why Is Documentation Important?

Complete Documentation → Correct Medical Coding → Accurate Reimbursement
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


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

- Slide Deck
- Webinar Recording
- Desk Reference

HealthHIV.org
Questions and Answers

Utilize the Q & A Box to ask questions!
HealthHIV’s Capacity Building to Ryan White grantees:

- Develops and/or enhances operational fiscal systems, with emphasis on monitoring standards, budgeting, fiscal standards, diversifying income streams, and quality controls for sub-grantees and vendors

To receive Fiscal Health Training or Technical Assistance contact Julio Fonseca, Program Manager, at julio@healthhiv.org
HealthHIV’s Fiscal Health Program Presents:

“Let’s Build an Indirect Rate Together”

Paul H. Calabrese
Senior Manager
Rubino & Company, CPAs & Consultants

Thursday, May 15, 2014
1:00PM to 2:30PM EST

Register Now at:

http://tinyurl.com/ma2jvht
HealthHIV’s National Center for Healthcare Capacity Building focuses on the entire HIV care continuum, engaging both prevention and care providers, expanding partnerships, and focusing on sustainable outcomes.

To Request CBA, please email:

michael@healthhiv.org

or visit:

www.HealthHIV.org