Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment Three of the Webinar Series
• 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
Upcoming Webinar Installments

• Webinar 4: HIV/AIDS Care: Coding Scenarios

Thursday March 20, 2014, 1:00PM to 2:30PM EST

Please be sure to register for the fourth installment
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 currently conducts coding workshops and one-on-one coding education to ensure proper documentation and coding to clinicians 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 3: HIV/AIDS Care Diagnoses Codes

Prepared By: Stacey L. Murphy, MPA, RHIA, CPC
AHIMA Approved ICD-10-CM/ICD-10-CM Trainer
Disclaimer

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Learning Outcomes

• Identify and explain the difference between ICD-9-CM and ICD-10-CM

• Explain the diagnosis code selection process

• Explain the importance of proper code sequencing

• Identify the various ICD-9-CM codes for symptomatic HIV/AIDS, asymptomatic HIV, HIV 2 and inconclusive HIV and explain the differences between them
Acronyms Used

- **AMA** - American Medical Association
- **ARC** - AIDS Related Complex
- **CMS** - Centers for Medicare and Medicaid Services
- **CDC** - Centers for Disease Control
- **Dx** – Diagnosis
- **HEDIS** – Healthcare Effectiveness Data and Information Set
- **HIPAA** – Health Insurance Portability and Accountability Act
- **HIV 1** - Human Immunodeficiency Virus 1
- **HIV 2** - Human Immunodeficiency Virus 2
- **OI** - Opportunistic Infection
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
- **PDx** - Principal Diagnosis
- **SDx** - Secondary Diagnosis
- **QARR** – Quality Assurance Reporting Requirements
- **PQRS** – Physician Quality Reporting System
- **WHO** - World Health Organization
ICD-9 Code System

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

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

• Updated annually
• Reported on all claim types (physician, institutional, pharmacy, DME, etc.)
• Modifiers are never reported on ICD-9 codes
  – Modifiers covered in Series 1, 2 and 4
• There is also a list of supplementary classification codes that describe:
  – Medical care rendered to patients whom are not sick but require medical attention
  – How injuries and poison occur
  – Where injuries and poison occur
  – Misadventure during surgery
ICD-9 Code Phase Out

ICD-9 coding system will be phased out October 1, 2014 and replaced with two new Coding Systems: ICD-10-CM & ICD-10-PCS

- ICD-9 coding system has been in existence since 1966
  - Outdated and does not reflect emerging technology

- ICD-10 coding system is consistent with changes in health care and provides more codes that reflect emerging technology
  - ICD-10-CM codes are used to report medical conditions
  - ICD-10-PCS codes are reported on inpatient hospital (institutional) claims only to reflect the facility bill
Phase Out

- ICD-10 is only supported by the version 5010 electronic health care transaction standards mandated by HIPAA
  - Administrative transactions such as: patient eligibility verification, claim submissions, remittance advices (EOB’s)
    - Information sent/received from health insurance plans or clearinghouses
  - All covered entities must change from version 4010 to version 5010
    - EXCEPTIONS: State workmen’s compensation carriers, long/short term disability carriers and no fault carriers
Phase Out

• Continue reporting ICD-9-CM codes for services rendered through September 30, 2014
  – Claims submitted with ICD-10 codes for services rendered now through September 30, 2014 will be denied

• Begin reporting ICD-10-CM codes for services rendered on or after October 1, 2014
  – Claims submitted with ICD-9-CM codes for services rendered on or after October 1, 2014 will be denied
  – ICD-10-CM implementation date October 1, 2014 is 196 days away
  – Continued improvement in documentation will ensure ICD-10 readiness
## ICD-9-CM Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volumes (1 &amp; 2)</strong></td>
<td><strong>Approximately 13,000 codes</strong>&lt;br&gt;3-5 characters in length&lt;br&gt;First character is alpha or numeric (Example: Dx 042 - AIDS, HIV+ Dx V08 – HIV+)&lt;br&gt;Characters 2-5 are always numeric&lt;br&gt;Use of decimal point after 3rd character&lt;br&gt;Limited inclusion of co-morbidities, complications, severity, manifestation, risks, sequelae or other disease related parameters&lt;br&gt;No distinction of laterality (left/right/bilateral)&lt;br&gt;No distinction of initial or subsequent episodes&lt;br&gt;Combination codes are limited&lt;br&gt;Code expansion availability very limited</td>
</tr>
</tbody>
</table>

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**Phase Out**
Commonly Used ICD-9 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
## Stages of HIV Infection

According to the National Institute of Health, the 3 stages of HIV infection are:

- **Acute HIV**
  - Exposed to HIV
  - Approximately 3 weeks to 8 months

- **Chronic HIV Infection**
  - Asymptomatic HIV/HIV+
  - Approximately 5-10 years

- **Chronic HIV → AIDS**
  - Symptomatic HIV/HIV+
  - Approximately 1-3 years
  - Advanced stages of HIV infection
  - Opportunistic infections develop

Various data suggests that there are 4 stages

- People living with HIV/AIDS face serious health threats known as “opportunistic infections” (OI’s)
Opportunistic Infections

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

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

- 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
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 virus (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.
- The diagnosis of HIV+ in newborns lasts up to 18 months after without the newborn ever becoming infected. This is known as a “False Positive” result.
- Another term for “False Positive” is inconclusive HIV test results.
- Inconclusive test results ICD-9 code: 795.71.
Coding and Documentation Tips

Still Using Paper Charts?

• Use standard medical abbreviations, acronyms, or symbols

• Do not use arrows up/down (↑↓) in place of “hyper-“ and “hypo-“, as they could be misinterpreted

• Medical conditions under physician care must be properly translated to numeric diagnoses codes
Coding and Documentation Tips

• 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
Coding and Documentation Tips

• 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 if treatment is directed to the condition

  – Documentation which states, see previous visit, prior note, problem list, etc. are unacceptable
**Case Study #1:** A 27 year old patient presents to his primary care physician’s office concerned about recently having unprotected sex and requests an HIV test. The physician notices that the patient is also due for a well visit this year and performs it. Dr. Attending decides to perform a preventive medicine visit exam, spends 35 minutes counseling the patient and performs a rapid HIV test. This is an established patient.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Exam (Well Visit)</td>
<td>V70.0</td>
</tr>
<tr>
<td>Special Screening for other specified viral diseases (HIV screening)</td>
<td>V73.89</td>
</tr>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
</tr>
<tr>
<td>High Risk Sexual Behavior</td>
<td>V69.2</td>
</tr>
</tbody>
</table>
HIV Pre-Testing with Preventive Care

Case Study #1 Rationale:
(refer to slide#10 for ICD-9 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 – 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 #2: The patient returns for their HIV test results. The physician advises the patient that the results are negative and counsels the patient for 30 minutes on the importance of safe sex and contraceptive methods. The physician also distributes contraception.

<table>
<thead>
<tr>
<th>HIV Counseling</th>
<th>V65.44</th>
</tr>
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<tbody>
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<td>High Risk Sexual Behavior</td>
<td>V69.2</td>
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Case Study #2 Rationale: (refer to slide#10 for ICD-9 codes)
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
Case Study #3: The patient returns for their HIV test results. The physician advises the patient that they are HIV+. The physician counsels the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. This an established patient visit.

<table>
<thead>
<tr>
<th>Asymptomatic HIV (HIV+, HIV+ status)</th>
<th>V08</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
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</tbody>
</table>
Case Study #3 Rationale:
(refer to slide#10 for ICD-9 codes)

- 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 material and also discusses the importance of safe sex practices – ICD-9 code V65.44
Case Study #4: The patient returns for their HIV test results. The physician advises the patient that they have the HIV infection (symptomatic HIV/AIDS). The physician counsels the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. This is an established patient visit.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>AIDS (HIV infection)</td>
<td>042</td>
</tr>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
</tr>
</tbody>
</table>
Case Study #4 Rationale:

(refer to slide#10 for ICD-9 codes)

• 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 on the importance of taking medication and practicing safe sex. A treatment plan is also implemented – ICD-9 code V65.44
HIV Post-Test Counseling Positive Results (Symptomatic)

Case Study #5: The patient returns for their HIV test results. The physician advises the patient that they have HIV-1 and HIV-2 (advanced stages AIDS). The physician counsels the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan. This is an established patient visit.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code</th>
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<tbody>
<tr>
<td>AIDS (HIV infection)</td>
<td>042</td>
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<tr>
<td>HIV-2 Infection (advanced)</td>
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</tr>
<tr>
<td>HIV Counseling</td>
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Case Study #5 Rationale:
(refer to slide#10 for ICD-9 codes)

- The patient returned for their HIV test results. The medical record states that the patient has HIV-1 and HIV-2 (advanced stages) – ICD-9 codes 042 + 079.53
- Assign ICD-9 code 042 for HIV–1. This code is always sequenced as the principal diagnosis code (PDx)
- Assign ICD-9 code 079.53 for HIV-2 (advanced stages AIDS). This code is always sequenced as the secondary diagnosis code (SDx). This code is never reported alone
- The physician counsels the patient on the importance of safe sex, distributes HIV/AIDS education literature and implements a treatment plan – ICD-9 code V65.44
Case Study #6: A 17 year old patient presents to her GYN to discuss contraception options and safe sex. Dr. Attending counsels the patient on the various methods and suggests and HIV test. The patient agrees, but then minutes later declined to the HIV screening test. Dr. Attending spends 45 minutes counseling the patient and asked her to reconsider the HIV test at a later date.

| HIV Counseling | V65.44 |

Case Study #6 Rationale:
(refer to slide#10 for ICD-9 codes)
The patient presents for counseling on the various contraception options and safe sex (HIV counseling) – ICD-9 code V65.44
Case Study #7: 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 mom to return in 1 month.

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>
**Case Study #7 Rationale:**
(refer to slide #10 for ICD-9 codes)

- An HIV+ mom visits the pediatrician’s office with her 2 month old baby for antiretroviral therapy follow up

- The HIV+ diagnosis that the newborn has, is the mother’s antibody status

- “False positive” diagnosis could last up to 18 months in newborns

- Report inconclusive HIV test results and pre-exposure prophylaxis - ICD-9 codes 795.71 and V01.79
According to the ICD-9 coding guidelines, ICD-9 code 042 includes the following terms:
- Acquired immune deficiency syndrome;
- Acquired immunodeficiency syndrome;
- AIDS;
- AIDS-like syndrome;
- AIDS-related complex;
- HIV infection, symptomatic; and
- HIV 1

Only confirmed cases of AIDS or HIV infection should be coded

Chart documentation that states “possible”, “probably”, “rule out”, “suspected” or ” suspicion of” are never reported as AIDS (Dx 042)
Coding and Documentation Tips

• HIV+ and asymptomatic HIV (Dx code V08) is not the same as HIV infection, symptomatic HIV/AIDS and AIDS (Dx code 042)

• Patients may test positive for HIV but may not become sick for many years

• Once a diagnosis of HIV infection, symptomatic HIV/AIDS or AIDS is documented in the health record, report ICD-9 code 042

• HIV+/Symptomatic HIV (Dx code V08) and inconclusive HIV (Dx code 795.71) are never reported once a patient has a confirmed diagnosis of AIDS (Dx code 042)
Coding and Documentation Tips

• Health record documentation which states that the patient has:
  – HIV+ with no OI’s (past or present), asymptomatic; assign Dx code is V08
  – Treatment for any OI’s or described as having OI’s resulting from HIV+ status; assign Dx code 042
  – HIV 2 infection (advanced stages); assign Dx code 042 and Dx code 079.53
  – Inconclusive or nonspecific HIV test results; assign Dx code *795.71
  – 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
These codes are never assigned as first code and never assigned as the only code

- Exposure to, pre-exposure to or contact with someone who has HIV/AIDS; assign Dx code V01.79
- Engaged in unsafe sex practices that increases risk; assign Dx code V69.8
Coding and Documentation Tips

• Once medical record documentation states any of the common OI’s, assign ICD-9-CM code 042 as the principal diagnosis and the OI infection as the secondary diagnosis.

• Some opportunistic infections (OI’s), are inherent to HIV, such as pneumocystis carinii pneumonia (Dx 136.3) and Kaposi’s sarcoma (Dx 176.x)
Coding and Documentation Tips

• Active” versus “History of”
  – Active translates to “the current the condition”
    • 042 - AIDS/HIV Infection
    • V08 - HIV+
  – There are no codes for “History of” AIDS, HIV infection or HIV+
    • Provider documentation must clearly denote the medical condition being treated
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
  – Codes designated as principal diagnosis codes are always sequenced first
  – Codes designated as secondary/subsequent diagnoses codes are never sequenced first
Code Sequencing

- Opportunistic infection (OI’s) codes are always assigned as the secondary diagnoses if supported by medical record documentation.

- The HIV-2 (advanced stages AIDS) code is always assigned as the secondary diagnosis code (when documented).
Coding and Documentation Tips

• Assign all diagnoses code that accurately describes the medical problem being treated or the reason for health care encounter (Dx codes 042, V08)
  – 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
Risk Based Revenue

- Projects health care utilization and costs
- Patient demographics, procedures/services, pharmacy claims and medical claims contain diagnoses
- All patients are assigned a severity level (risk score) based on chronic health conditions
- Physicians’ income historically driven by procedural coding and documentation; not diagnoses
  - Physician under-coding is 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
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)
  http://www.cdc.gov/nchs/

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

• National Institute of Health (NIH) -
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)

- 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!
Upcoming Webinar Installments

- Webinar 4: HIV/AIDS Care: Coding Scenarios

  Thursday March 20, 2014, 1:00PM to 2:30PM EST

  Please register for the fourth installment
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 **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](mailto:michael@healthhiv.org) 
or visit: 
[www.HealthHIV.org](http://www.HealthHIV.org)