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
• HIV 1 – Human Immunodeficiency Virus 1
• HIV 2 - Human Immunodeficiency Virus 2
• ICD-9-CM – International Classification of Diseases, 9th Revision, Clinical Modification
Acronyms Used

- ICD-10-CM – International Classification of Diseases, 10th Revision, Clinical Modification
- ICD-10-PCS – International Classification of Diseases, 10th Revision, Procedure Coding System
- OI – Opportunistic Infection
- PDx – Principal Diagnosis
- SDx – Secondary Diagnosis
- WHO – World Health Organization
ICD-9-CM Codes

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

- ICD-9 codes developed by the World Health Organization in 1948
- ICD-9-CM revised and published for use in 1979
- CMS mandated the use of ICD-9-CM codes on all claims since October 1988
- CMS revised these mandates to reflect “mandatory” correct reporting of ICD-9-CM codes on all claims
- ICD-9-CM codes describe medical conditions, (diseases) and 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-CM codes
  - Modifiers is covered in Series 1
- 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-CM Codes

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

• The ICD-9-CM coding system has been in existence since 1966 and is outdated and does not reflect emerging technology
• The ICD-10 Coding System is consistent with changes in health care and provides more codes that reflect emerging technology
• ICD-10-CM codes are used to report medical conditions
• ICD-10-PCS codes are reported on inpatient hospital (institutional) claims only to reflect the facility bill
ICD-9-CM Codes

– Continue reporting CPT & HCPCS codes for services rendered by physicians

- Continue reporting ICD-9-CM codes for services rendered through September 30, 2013
  – Claims submitted with ICD-10 codes for services rendered now through September 30, 2013 will be denied

- Begin reporting ICD-10-CM codes for services rendered on or after October 1, 2013
  – Claims submitted with ICD-9-CM codes for services rendered on or after October 1, 2013 will be denied
Commonly Used Codes

- V01.79 – Exposure to 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
  - 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
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-CM code: 795.71
Opportunistic Infections (OI’s)

- People with healthy immune systems can be exposed to certain viruses, bacteria, or parasites and have no reaction to them.
- People living with HIV/AIDS face serious health threats known as “opportunistic infections” (OI’s).
- 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.
Ol’s (con’t)

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

• Most common Ol’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
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>Medical Exam</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medial 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#9 for ICD-9-CM 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-CM code V70.0
  - The physician performs an HIV (special) screening test – ICD-9-CM code V73.89
  - The physician counsels the patient (HIV counseling) – ICD-9-CM code V65.44
  - The patient indicates that they recently had unprotected sex – ICD-9-CM 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 and advises the patient to return in 3 months for a retest.

<table>
<thead>
<tr>
<th>HIV Counseling</th>
<th>V65.44</th>
</tr>
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<tr>
<td>High Risk Sexual Behavior</td>
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</table>

Case Study#2 Rationale (refer to slide#9 for ICD-9-CM 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-CM 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+ (asymptomatic HIV). The physician counsels the patient and explains what it means to have a diagnosis of HIV+ vs HIV infection, the proper use of medications, implements a treatment plan and advises the patient to return in 3 months for a retest. This is an established patient visit.
Case Study#3 Rationale (refer to slide#9 for ICD-9-CM codes)

- The patient returned for their HIV test results. The medical record states that the patient is asymptomatic HIV (HIV+) – ICD-9-CM code V08
- The physician counsels the patient. The physician gives the patient some literature that explains what asymptomatic HIV is, the difference between asymptomatic HIV and symptomatic HIV and also discusses the importance of safe sex practices – ICD-9-CM codes 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 and explains in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times. This is an established patient visit.

<table>
<thead>
<tr>
<th>AIDS (HIV infection)</th>
<th>042</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
</tr>
</tbody>
</table>
HIV Post Test Counseling
Positive Results

Case Study#4 Rationale (refer to slide#9 for ICD-9-CM codes)

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

• The physician counsels the patient and explains in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times – ICD-9-CM codes 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. The physician counsels the patient and explains in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times. This is an established patient visit.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS (HIV infection)</td>
<td>042</td>
</tr>
<tr>
<td>HIV-2 Infection</td>
<td>079.53</td>
</tr>
<tr>
<td>HIV Counseling</td>
<td>V65.44</td>
</tr>
</tbody>
</table>
HIV Post Test Counseling
Positive Results

Case Study#5 Rationale (refer to slide#9 for ICD-9-CM codes)

• The patient returned for their HIV test results. The medical record states that the patient has HIV-1 and HIV-2 – 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 in detail what HIV infection is. The physician implements a treatment plan, discusses the importance of taking medications and the importance of practicing safe sex at all times – ICD-9-CM codes 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 an 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

Case Study#6 Rationale (refer to slide#9 for ICD-9-CM codes)
The patient presents for counseling on the various contraception options and safe sex (HIV counseling) – ICD-9-CM code V65.44
Case study#7: An HIV+ mom presents to the pediatrician’s office for antiretroviral therapy follow for her 2 month old baby. The physician documents an expanded problem focused history and performs a brief exam. Upon review of the lab results, the physician makes the decision to modify the antiretroviral medication. A revised treatment plan is discussed and the physician advises the patient to return in 1 month.

<table>
<thead>
<tr>
<th>Inconclusive HIV Test</th>
<th>795.71</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-exposure prophylaxis</td>
<td>V01.79</td>
</tr>
</tbody>
</table>
Antiretroviral Therapy Visit Newborn

Case Study#7 Rationale (refer to slide#9 for ICD-9-CM 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 - ICD9-9-CM codes 795.71 and V01.79
According to the ICD-9-CM coding guidelines, ICD-9-CM 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

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)
• A diagnosis of HIV+ and asymptomatic HIV (Dx code V08) is not the same as a diagnosis of 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-CM code 042
• 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)
• Health record documentation which states that the patient has:
  – HIV+, has not been diagnosed with an HIV-related illness (past or present), they are considered to be asymptomatic; assign Dx code is V08
  – HIV asymptomatic but is currently being treated for any HIV-related illness or is described as having any condition(s) resulting from HIV+ status; assign Dx code 042
HIV 2 infection; assign Dx code 042 and Dx code 079.53
Inconclusive or nonspecific HIV test results; assign Dx code *795.71
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

• Once medical record documentation states any of the common OI’s, assign ICD-9-CM code 042 as the principal diagnosis and the OI condition as the secondary diagnosis.
• Some opportunistic infections (OIs), are inherent to HIV, such as pneumocystis carinii pneumonia (Dx 136.3) and Kaposi’s sarcoma (Dx 176.x)

NOTE: The * (asterisks symbol) means that the code is reported as an additional diagnoses code (SDx) and never reported as the principal diagnosis (PDx)
When it is necessary to report multiple diagnoses codes, accurate interpretation of coding guidelines ensures proper code sequencing.

Coding guidelines that denote “principal 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 infections codes are always assigned as the secondary diagnoses if supported by medical record documentation.

The HIV-2 code is always assigned as the secondary diagnosis code (when documented).
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/mmrw/preview/mmwr.html
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
• ICD-9-CM, Volumes 1 & 2, Professional. Publisher: Ingenix Optum.
• ICD-9-CM Fast Finder Sheets. Publisher: Ingenix Optum.

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