

Human immunodeficiency virus

Documentation and coding: Individual & Family Plans

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For coding education questions, email CignaHealthcareHCPEducation@CignaHealthcare.com.

It's important to accurately document and code diagnoses when submitting claims for your patients with Cigna Healthcare-administered coverage. This helps ensure your diagnosis and coding practices comply with all applicable legal requirements,¹ while enabling us to provide our customers with the benefits and resources they need. For additional information and resources, visit the Cigna Healthcare Individual & Family Plans page at CignaforHCP.com/IFP.

The information that follows is designed to provide guidance for the documentation and coding of claims for your patients with a diagnosis of HIV. It is not meant to replace your judgment when caring for your patients.

Definitions and criteria

Human immunodeficiency virus (HIV) is a chronic disease that weakens the immune system by destroying cells that help protect against disease and infection. If not treated, it can lead to acquired immune deficiency syndrome (AIDS).²

Contact/exposure:

- Pre-exposure prophylaxis (PrEP) reduces the chances of getting HIV from sex or injection drug use.
- Post-exposure prophylaxis (PEP) emergency medication is recommended to prevent HIV after possible exposure.²
- Type 2 HIV (HIV 2) has the same clinical features as HIV except for a difference in nucleotides and amino acids – most marked with envelope genes and proteins.³

AIDS is the ongoing chronic condition caused by HIV. Most people in the United States don't get AIDS due to early treatment of HIV.⁴

Documentation and coding

- Capture HIV diagnosis based on the International Classification of Diseases, 10th Revision (ICD-10-CM) nomenclature, when provider diagnostic statement

states symptomatic or asymptomatic with a treatment plan (monitor, medication, referral, education, etc.).

- Assign code Z21 (asymptomatic HIV virus infection status) for documentation of HIV or HIV positive without documentation of HIV disease, HIV-related illness, or AIDS.⁵
- Include either symptomatic or asymptomatic in the diagnostic statement for best practice documentation.⁵
- Use code B20 for symptomatic HIV disease.⁵
- Use additional diagnostic statements to describe comorbid conditions or medical complications (e.g., dementia, depression, pregnancy, childbirth, opportunistic infections) of HIV infection/disease.
- Only assign an ICD-10-CM code for confirmed cases of HIV. HIV is the exception to the "uncertain diagnosis" ICD-10-CM guideline. "Suspected," "probable," "likely," and other uncertain verbiage in the inpatient setting do not warrant assigning a code for HIV.
- Do not assign code B20 or Z21 to newborns with HIV antibodies prior to 18 months of age. Assign code R75 for newborns aged 0 days–18 months born of an HIV-positive mother.
- Code long-term use of antiretroviral medications.

| ICD-10 code | Description | Additional character(s) | Documentation and coding tips |
|----------------|--|---|--|
| B20 | <ul style="list-style-type: none"> • HIV • AIDS • AIDS-related complex • HIV infection, symptomatic • HIV disease managed on antiretroviral medications⁶ | | |
| B97.35 | Type 2 HIV | | |
| D59.31 | Infection-associated hemolytic-uremic syndrome (HUS) | | |
| F02.80 | Dementia in HIV | | Code first B20. |
| F02.81- | Behavioral disturbance in HIV | (-) Add 5th and 6th character(s) 11 – agitation 18 – other behavioral 2 – psychotic disturbance 3 – mood disturbance 4 – anxiety | Code first B20. |
| O98.7- | HIV complicating pregnancy, childbirth, and puerperium | (-) Add 5th and 6th character(s) 11 – first trimester 12 – second trimester 13 – third trimester 2 – childbirth 3 – puerperium | Code also B20 or Z21. |
| R75 | <ul style="list-style-type: none"> • Inconclusive laboratory evidence of HIV • Nonconclusive HIV test finding in infants | | |
| Z20.6 | <ul style="list-style-type: none"> • Exposure to HIV virus | | |
| Z21 | <ul style="list-style-type: none"> • Asymptomatic HIV status • HIV positive • HIV test positive • Without documentation of HIV disease with current symptoms.⁶ | | |
| Z29.81 | <ul style="list-style-type: none"> • Encounter for HIV PrEP | | Code also contact/ exposure with HIV virus (Z20.06). |
| Z71.7 | <ul style="list-style-type: none"> • Counseling for HIV status | | |
| Z72.5- | <ul style="list-style-type: none"> • High-risk sexual behavior | | |
| Z79.899 | <ul style="list-style-type: none"> • Long-term use of antiretroviral medications⁶ | | |

1 Diagnosis inaccuracies that are not addressed can result in administrative sanctions and potential financial penalties.

2 "Preventing HIV with PEP." Centers for Disease Control and Prevention (CDC). 25 January 2024. Retrieved from https://www.CDC.gov/hiv/prevention/pep.html?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/pep/about-pep.html.

3 A. Hughes, et al. "Human immunodeficiency virus type 2 (HIV2)." September 1990. National Library of Medicine. Retrieved from <https://Pubmed.NCBI.NLM.NIH.gov/2245251>.

4 "HIV/AIDS." Mayo Clinic. 02 February 2024. Retrieved from <https://www.MayoClinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-203735244>.

5 AHA Coding Clinic 2022, Q1, Volume 9, number 1, Page 36.

6 AHA Coding Clinic 2021, Q4, Volume 8, number 4, Page 81.