

# HIV Coding Summary

## ICD-10-CM Coding for HIV

### Z-Codes Assigned with ICD-10 Code B-20 (Human Immunodeficiency Virus [HIV] disease)

- 1) Z11.4 - Encounter for HIV screening
- 2) Z11.3 - Encounter for screening for infection from predominately sexual mode of transmission
- 3) Z20.2 - Contact with and suspected exposure to infection with predominately sexual mode of transmission (most commonly used for PrEP)
- 4) Z21 - Asymptomatic HIV
- 5) Z20.6 - Contact with and suspected exposure to HIV infected person
- 6) Z29.81 – Encounter for HIV pre-exposure prophylaxis
- 7) Z51.81 - Encounter for therapeutic drug monitoring (PrEP)
- 8) Z71.7 - HIV counseling
- 9) Z72.51 - High risk heterosexual behavior
- 10) Z72.52 - High risk homosexual behavior
- 11) Z72.53 - High risk bisexual behavior
- 12) Z72.89 - Other problems related to lifestyle (drug seeking, unhealthy drinking behavior)
- 13) Z79.899 - Other long term (current) drug therapy (PREP)
- 14) Z86.59 - Personal history of other mental and behavioral disorder
- 15) Z87.898 - History of drug use, non-dependent in remission
- 16) Z01.812 - Encounter for procedural lab exam
- 17) R75 - Inconclusive HIV lab test
- 18) F11.20 - Opioid dependence, uncomplicated
- 19) F11.21 - Opioid dependence in remission
- 20) F11.10 - Opioid abuse, uncomplicated
- 21) F11.9 - Opioid use, uncomplicated

## CMS HCPCS Codes

The following screening codes are used to indicate the specific tests performed:

1. **G0432** Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and HIV-2 screening
2. **G0433** Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and HIV-2 screening
3. **G0435** Infectious agent HIV-1 and HIV-2 rapid antibody test

## Coding Modifiers

CPT Modifiers may be assigned. They describe whether multiple procedures were performed, why that procedure was necessary, where the procedure was performed anatomically, and other information that may be critical to a claim's status with the insurance payer. CPT Modifiers are always two characters (they may be numeric or alphanumeric) and are added to the end of a CPT code with a hyphen. If more than one modifier can be assigned, code the "functional" modifier first, and the "informational" modifier second. The modifier that most directly affects reimbursement should be used first.

There are three modifiers that could be used when screening for HIV:

1. **Modifier 33**: This modifier is assigned when the service is rated either "A" or "B" by the US Preventative Service Task Force (USPSTF). Patients cannot be charged for these services. An "A" rated test indicates a high

certainty that the test is beneficial to the patient. “B” indicates that here is high certainty that the patient benefits moderately from the test. *HIV testing is categorized as a grade “A,” so there is no charge to the patient.*

2. **Modifier 92: Alternative - Laboratory Platform Testing:** When laboratory testing is being performed using a disposable or transportable, single-use kit, consider adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require a permanent dedicated space and may be hand-carried or transported to the vicinity of the patient for immediate testing at that site.
3. **Modifier QW:** CLIA-waived test. CLIA-waived tests on this list are 86701, G0433, G0434, and 87389

## Protocol for Step-Wise Testing

### Step 1: HIV-1/2 Ag/Ab Combination Immunoassay

#### CPT Code 87389

HIV diagnostic testing of adults and children aged 2 years and older should ideally begin with an FDA-approved HIV Ag/Ab combination test, also known as a 4th-generation immunoassay. Clinicians should request HIV diagnostic testing from a laboratory that offers a 4th-generation HIV-1/2 Ag/Ab combination immunoassay as an initial screening test.

If this initial immunoassay is reactive, the laboratory should progress directly to the supplemental testing sequence of the recommended HIV diagnostic testing algorithm and follow the recommended testing steps through completion to conclusively confirm or exclude laboratory evidence of HIV infection.

The Ag/Ab combination immunoassays will detect HIV-1 and HIV-2 Abs and HIV-1 p24 Ag, which is present during the acute stage before Ab seroconversion has occurred. As of March 2016, five FDA-approved 4th-generation HIV Ag/Ab combo immunoassays are available. Four of the five use technology that has been validated in combination with the recommended supplemental tests and are approved for use in step 1 of the recommended laboratory algorithm. The four HIV Ag/Ab combo immunoassays that are acceptable for step 1 employ either enzyme immunoassay or chemiluminescent immunoassay technology and require the use of specific instrumentation to perform the test and/or read the results.

### Step 2: HIV-1/2 Ab-Differentiation Immunoassay

#### CPT Code: 86701, 86702

If the initial screening result is reactive, the laboratory should test the specimen using an HIV-1/2 Ab-differentiation immunoassay that has been FDA-approved for use in the recommended algorithm. If the HIV-1/2 Ab-differentiation test is positive for HIV-1 Abs or HIV-2 Abs, clinicians should proceed with medical evaluation for confirmed HIV-1 or HIV-2 infection. If the specimen is positive for HIV Abs but cannot be differentiated as HIV-1 or HIV-2, clinicians should proceed with medical evaluation for HIV infection.

### Step 3: HIV-1 Nucleic Acid Test (NATs) for Diagnosis of Acute and Early HIV-1 Infection

#### CPT Code 87535

If the HIV-1/2 Ab-differentiation immunoassay is nonreactive or indeterminate, an HIV-1 RNA test should be performed immediately to confirm or exclude evidence of HIV -1 infection. This test is highly sensitive and specific and detects viral nucleic acid in the potential window period.

## Miscellaneous Testing Codes

**86703** HIV-1 and HIV-2, single result (rapid)

**87389** HIV-1 antigens, with HIV-1 and HIV-2 antibodies, single result (ELISA)

**87389** CLIA waived test and must have **modifier QW** in order for it to be paid

**86689** HTLV or HIV antibody, confirmatory test (Western Blot) (no longer recommended)

**36415** Venipuncture for a non-rapid test