



ICD-10-CM HIV Coding: Guidelines, Sequencing, and Special Considerations in Clinical Scenarios

1. Only code HIV if it's confirmed: In ICD-10-CM, you should assign an HIV code only when the diagnosis is confirmed by the provider. This means the doctor must clearly state the patient is HIV-positive or has an HIV-related illness (a positive lab test isn't the only way – the doctor's statement is enough). You do not code suspected or possible HIV. For example, if the doctor writes "HIV positive" in the chart, you code it. If the note says, "possible HIV," you wait until it's confirmed before coding.

2. HIV-related illness admission – code HIV first: If a patient is admitted because of an illness caused by HIV, list the HIV disease code (B20) as the first diagnosis. After that, add codes for the related illness(es). For example, if someone with HIV is hospitalized for a type of pneumonia related to their HIV, you would code B20 (HIV disease) first and then code the pneumonia.

3. Unrelated condition admission – code HIV after the main issue: If a patient with HIV is hospitalized for something unrelated to HIV, code that main condition first, then HIV. The unrelated issue (like an injury or other illness) should be the primary code, and HIV (B20) is coded next. For example, if an HIV-positive patient breaks a bone and is admitted for the fracture, the fracture is coded first, and the HIV status is coded after that.

4. New or old HIV diagnosis – code it the same way: It doesn't matter if the patient just found out they have HIV or has known about it for years – the coding rules stay the same. Being newly diagnosed doesn't change which code you use or the order of the codes. For example, a brand-new HIV patient and someone with a long history of HIV will be coded using the same guidelines (based on whether they have symptoms or related illnesses, as above).

5. HIV-positive with no symptoms (Asymptomatic HIV): When a patient is HIV-positive but has no symptoms and no related illnesses, use the special code Z21 for asymptomatic HIV status. This code basically means "the person is HIV-positive but not sick from it." Do



not use Z21 if the doctor uses the term “AIDS” or notes any HIV-related disease – those cases should be coded as B20 (HIV disease) instead. For example, if a patient tests positive for HIV but is feeling well and has no health problems from it, you’d assign code Z21. But if later the doctor says the patient has AIDS or an illness due to HIV, you would use B20.

6. Unclear HIV test result (Inconclusive serology): If an HIV test comes back inconclusive (not clearly positive or negative) and the patient has no definite HIV diagnosis or symptoms yet, there’s a code for that situation. Assign code R75, which means “inconclusive laboratory evidence of HIV”. For example, if someone’s HIV test result is unclear and the doctor has not diagnosed HIV, you use R75 to show the test was inconclusive.

7. Once an HIV-related illness has occurred, always use B20 thereafter: If a patient ever had an HIV-related illness in the past, from that point on they are coded with B20 (HIV disease) for every visit. In other words, once a person has developed AIDS or any illness due to HIV, we always treat them as having HIV disease in coding, even if they currently have no symptoms. You never go back to using the asymptomatic code (Z21) or R75 for that patient. For example, if a patient had an HIV-related pneumonia last year, any new hospital visit will still use B20 as the HIV code – we wouldn’t use the “HIV-positive only” code anymore for that patient.

8. HIV in pregnancy/childbirth – use pregnancy codes first: For pregnant patients with HIV (including during childbirth or just after birth), ICD-10-CM requires special sequencing. You should use the pregnancy complication code O98.7- (HIV complicating pregnancy/childbirth) first, before the regular HIV codes. If the pregnant patient has an HIV-related illness, code O98.7- first, then B20 (HIV disease) and any HIV-related illness codes. If the patient is HIV-positive without symptoms during pregnancy, code O98.7- first and Z21 (asymptomatic HIV) as an additional code. For example, if an expecting mother has an HIV-related infection, you’d code the pregnancy-related HIV code first, then the HIV disease (B20) and the infection. If a pregnant woman is HIV-positive but not sick, you’d still start with the O98.7- pregnancy code and add Z21 to show she’s HIV-positive without symptoms.