AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

HIV/AIDS

Quick Reference Guide

2026

Table of Contents

1 CLINICAL SNAPSHOT

Definition: Human immunodeficiency virus (**HIV**) is a retrovirus that targets CD4+ T-lymphocytes, progressively depleting cellular immunity when untreated.[1] Without antiretroviral therapy (**ART**), HIV progresses through **three stages**: (**1**) acute infection (flu-like illness 2–4 weeks post-exposure), (**2**) chronic infection (clinical latency, often asymptomatic for years), and (**3**) **AIDS**: CD4 count <200 cells/mm^3, CD4 percentage <14%, or any AIDS-defining illness.[1,2] With effective ART, HIV is now a **manageable chronic condition**; viral suppression (undetectable viral load) prevents disease progression and eliminates sexual transmission (**Undetectable = Untransmittable, U=U**).[3]

ICD-10 Codes:

B20 (HIV disease): Any patient with **current or prior HIV-related illness** or AIDS-defining condition, even if currently asymptomatic and virally suppressed = **PERMANENT** once assigned and must **NEVER** be reverted to **Z21**; **Z21** (asymptomatic HIV infection status): HIV-positive with **NO current or prior** HIV-related illness or AIDS-defining condition; chart review of prior encounters required before Z21 can be assigned.[4] Both B20 and Z21 map to **HCC 1** (RAF 0.301); the distinction is a **compliance and accuracy issue**, not a RAF differential.[4] AIDS-defining manifestations are coded **B20 FIRST**, then the manifestation: **B59** (PCP), **C46.0/C46.5** (Kaposi sarcoma), **B37.81** (esophageal candidiasis), **B45.1** (cryptococcal meningitis), **B58.2** (toxoplasma encephalitis), **A31.2** (disseminated MAC), **C83.7x** (Burkitt lymphoma), **C83.3x** (primary CNS lymphoma).[4,5]

Prevalence and Burden: As of 2022, 13.2% of people with HIV (PWH) in the United States were **aged ≥65**, making this age group the **fastest-growing** segment of the HIV-positive population.[6] Among adults ≥50, HIV prevalence **increased 40%** (289,900 to 407,100) and incidence **increased 15%** (2,700 to 3,100) from 2015–2019.[7] A landmark Medicare study of 43,708 beneficiaries ≥65 with HIV found significantly higher odds of depression, CKD, COPD, osteoporosis, ASCVD, diabetes, chronic hepatitis, and cancer compared to age-matched beneficiaries without HIV.[13] **Polypharmacy is the rule**: median **13 daily medications** in PWH aged ≥60, only 4 of which are antiretrovirals.[8] In the 2025 **CHANGE-Rx cohort** (n=440, median age 69): 53.8% had polypharmacy, 49.3% had ≥1 potentially inappropriate medication per Beers criteria, 55.7% had high sedative burden, and 16.5% had high anticholinergic burden.[9] **Five drugs** account for **84.8% of all PIMs** in elderly PWH: (**1**) lorazepam 38.2%, (**2**) ibuprofen 18.0%, (**3**) diazepam 10.2%, (**4**) metoclopramide 9.9%, (**5**) zolpidem 8.5%.[8] The success of modern antiretroviral therapy in achieving durable viral suppression has transformed HIV from a fatal diagnosis into a manageable chronic condition: heart disease and cancer, **not** AIDS-defining illnesses, are now the leading causes of death in older PWH.[10]