

## OUTCOME CODES FOR MACS STATUS FORM

### CODE CONDITION

#### **CDC-DEFINED AIDS DIAGNOSES (Section C)**

- 01 Kaposi's sarcoma
- 02 Pneumocystis carinii pneumonia
- 03 Toxoplasmosis (at a site other than or in addition to liver, spleen, muscle or lymph nodes)
- 04 Cryptosporidiosis with diarrhea persisting > 1 month
- 05 Isosporiasis with diarrhea persisting > 1 month
- 06 Histoplasmosis, disseminated, at a site other than or in addition to lungs or cervical or hilar lymph nodes
- 07 Cytomegalovirus infection histopathologically documented (of an organ other than liver, spleen, or lymph nodes) or diagnosis by serology culture alone. If CMV retinitis or CMV polyradiculitis, code as indicated below, 08 or 27, respectively.
- 08 CMV Retinitis, eye unknown
- 28 CMV Retinitis, left eye
- 29 CMV Retinitis, right eye
- 27 CMV polyradiculitis. Usually developing in a patient with advanced immune deficiency who has evidence of CMV infection elsewhere, eg, CMV retinitis, colitis, with the subacute onset of lower extremity weakness, sacral/back pain, sphincter disturbance. Cerebrospinal fluid analyses usually show a marked inflammatory response with elevated WBC, total protein, and in 50%, positive CMV culture. Autopsy confirmation may be present with demonstration of CMV in the lumbosacral nerve roots.
- 09 Primary Lymphoma of brain

## CODE   CONDITION

### **CDC-DEFINED AIDS DIAGNOSES (cont)**

- 10      Diffuse, undifferentiated B-cell non-Hodgkin's lymphoma. includes the following histologic types:
  - a.      small noncleaved Lymphoma of (either Burkitt or non-Burkitt type)
  - b.      immunoblastic sarcoma (equivalent to any of the following, although not necessarily all in combination: immunoblastic Lymphoma, large-cell Lymphoma, diffuse histiocytic Lymphoma, diffuse undifferentiated Lymphoma, or high-grade Lymphoma)
- 11      Diffuse, undifferentiated B-cell non-Hodgkin's lymphoma metastatic to brain
- 12      Progressive multifocal leukoencephalopathy (Papovavirus infection, brain)
- 13      HIV encephalopathy (dementia) determined to be probable after review by Neuropsychology working group
- 14      Candida esophagitis; tracheal, bronchial or pulmonary candidiasis
- 15      Atypical (non-tuberculous) mycobacterial infection, (disseminated at a site other than or in addition to lungs, skin or cervical hilar lymph nodes), not specified
- 16      Atypical (non-tuberculous) mycobacterial infection, (disseminated at a site other than or in addition to lungs, skin, or cervical hilar lymph nodes) specified as *M. avium-intracellulare*
- 17      Other atypical (non-tuberculous) mycobacterial infection, (disseminated at a site other than or in addition to lungs, skin or cervical hilar lymph nodes), please specify.
- 18      Disseminated M.T.B.
- 19      Cryptococcal infection extrapulmonary - not otherwise specified
- 20      Cryptococcal infection extrapulmonary - meningitis
- 21      Cryptococcal infection extrapulmonary - other internal organ

CODE CONDITION

**CDC-DEFINED AIDS DIAGNOSES (cont)**

- 22 Cryptococcal infection extrapulmonary - blood
- 23 Chronic mucocutaneous herpes simplex infection persisting > 1 month; or herpes simplex bronchitis, pneumonitis, or esophagitis
- 24 Coccidioidomycosis disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes)
- 25 Salmonella (non-typhoid) septicemia, recurrent
- 26 Wasting Syndrome: findings of profound involuntary weight loss > 10% of baseline body weight plus either chronic diarrhea (at least two loose stools per day for  $\geq 30$  days) or chronic weakness and documented fever (for  $\geq 30$  days, intermittent or constant) in the absence of a concurrent illness or condition other than HIV infection that could explain the findings (e.g., cancer, tuberculosis, cryptosporidiosis, or other specific enteritis.)

\*\*\*\*\*

CODE CONDITION added January 1, 1993

- 50 Pulmonary Tuberculosis or mycobacterial TB in the lung.
- 51 Recurrent pneumonia (more than one episode in a 1-year period), acute (new x-ray evidence not present earlier) pneumonia diagnosed by both:  
a) culture (or other organism-specific diagnostic method) obtained from a clinically reliable specimen of a pathogen that typically causes pneumonia (other than *Pneumocystis carinii* or *Mycobacterium tuberculosis*), and b) radiologic evidence of pneumonia; cases that do not have laboratory confirmation of a causative organism for one of the episodes of pneumonia will be considered to be presumptively diagnosed. Recurrent pneumonia diagnostic date is the date that the 2nd episode is diagnosed.

**DISEASES/CONDITIONS OTHER THAN CDC-DEFINED AIDS - NEUROLOGICAL**  
**(Section D.1)**

**CODE   CONDITION**

**HIV-RELATED PERIPHERAL NEUROPATHIES**

- 3-100   Cranial neuropathies. Development of single/multiple cranial neuropathies thought to be related primarily to HIV infection. Other conditions, eg. cryptococcal meningitis, lymphomatous meningitis excluded.
- 3-101   Painful sensory neuropathy. Painful paresthesias and/or dysesthesias with symptoms of pain, burning, tingling in the lower extremities with signs of peripheral neuropathy (contact hypersensitivity, reduced vibration sensitivity, decreased or absent ankle reflexes). No exposure to toxins, including chemotherapy, ddl, ddC. No history of diabetes mellitus or alcohol abuse.
- 3-102   Inflammatory demyelinating neuropathy. Acute or subacute development of motor weakness with hypo/areflexia and variable sensory deficit. NCV's demonstrating marked slowing of conduction velocities and/or denervation. Nerve biopsy indicating inflammation and demyelination.
- 3-103   Mononeuritis multiplex. Multifocal signs and symptoms in the distribution of 2 or more named peripheral nerves.
- 3-105   Other HIV neuropathies (not otherwise specified). Includes all other neuropathies that might be a consequence directly or indirectly of HIV infection.

**OTHER NEUROPATHIES (NON-HIV RELATED)**

- 1-110   Cranial neuropathies. The development of cranial neuropathies considered not to be a consequence of HIV infection. These might include development of progressive hearing loss or optic neuritis.
- 1-111   Entrapment neuropathies. These include the development of traumatic neuropathies affecting a named peripheral nerve with numbness, weakness, and/or pain in the distribution of the nerve, eg, carpal tunnel, tarsal tunnel, cubital tunnel.

## CODE   CONDITION

### **OTHER NEUROPATHIES (NON-HIV RELATED) (cont)**

- 1-112   Toxic neuropathies. These include the development of neuropathies (which are usually painful or sensory neuropathies) a related to toxic effects of drugs, eg, vincristine used in the treatment of KS, or dideoxycytodine (ddC) or dideoxyinosine (ddl). Toxic neuropathies can also develop with excessive doses of vitamin B6 (pyridoxine).
- 1-113   Diabetic neuropathy. The development of sensory motor neuropathy, autonomic neuropathy, diabetic amyotrophy in a patient with longstanding, usually insulin-dependent, diabetes mellitus.
- 1-114   Other neuropathies, not otherwise specified. These might include neuropathies related to syphilis, nutritional deficiencies, alcoholism.

### **MYELOPATHIES**

- 3-120   Vacuolar myelopathy. Acquired abnormalities in lower extremities out of proportion to upper extremity abnormalities. Symptoms of leg weakness, incoordination, and/or urinary incontinence with signs of paraparesis/plegia, spasticity, hyperflexia, and/or Babinski signs. HIV encephalopathy/dementia often coexists. Where appropriate, imaging studies of the spinal cord (myelography, spinal MRI, spinal CT) to rule out compressive or intrinsic lesions.
- 3-121   Infectious causes of myelopathy. Tuberculosis of the spine, epidural bacterial/fungal abscesses, and herpes group infections of the spine.
- 1-122   Metabolic/nutritional causes. Example: Vitamin B12 or vitamin E deficiency.
- 1-123   Other myelopathies, not otherwise specified. For example, patients with cervical spondylosis, degeneration of the spine with compressive myelopathies.

## CODE CONDITION

### **MYOPATHIES**

- 3-130 HIV-related polymyositis. Development of weakness, principally in proximal muscle groups with myalgias, elevated levels of blood creatine phosphokinase (CPK). No response to discontinuation of zidovudine. EMG: myopathic. Muscle biopsy: inflammatory necrosis.
- 1-131 Toxic myopathy. Clinically indistinguishable from HIV-1 related polymyositis. The development of weakness, principally in proximal muscle groups with myalgias and elevated CPK after prolonged zidovudine therapy (usually several months). Response in myalgias, CPK, and/or weakness to zidovudine reduction or discontinuation.
- 1-132 Other myopathies, not otherwise specified. These might include muscular dystrophy, severe muscle wasting from nutritional deficiency.

### **OTHER NEUROLOGICAL DISEASES**

- 1-140 Neurosyphilis. This would include a past or current history of treatment for neurosyphilis, either asymptomatic neurosyphilis (usually diagnosed if a lumbar puncture is done and the CSF VDRL is positive) or symptomatic neurosyphilis. Treatment of neurosyphilis typically includes
- a. high doses of intravenous penicillin given during a 10 to 14 day hospital day or
  - b. daily doses of procaine penicillin with probenecid given for 10 to 14 days.
- 3-141 HIV aseptic meningitis. Development of fever, headache, neck stiffness, cranial neuropathies and mental confusion or encephalopathy. Usually associated with seroconversion illness in an otherwise well individual.
- 3-142 Possible HIV encephalopathy/dementia: insufficient data. Case with cognitive or behavioral manifestations reviewed as "possible" by local NP group or NPWG (specify which), but with insufficient clinical or laboratory information. Where insufficient clinical information is present, but autopsy shows no opportunistic processes and has features of HIV encephalitis with microglial nodules, myelin pallor, multinucleated giant cells, use this code and indicate in section D2 (=necropsy).

- 3-143 Possible HIV encephalopathy/dementia: confounding conditions. Case with cognitive or behavioral manifestations reviewed as "possible" by local NP group or NPWG (specify which), but with other confounding conditions or disorders, eg, metabolic disturbance, hypoxia, psychiatric disorders, vitamin deficiencies, neurosyphilis.
- 3-144 Herpes zoster meningitis

CODE   CONDITION

**OTHER NEUROLOGICAL DISEASES (cont)**

- 1-199   Non HIV-related neurologic disease. (NOS/ cannot determine specific diagnosis)
  
- 3-199   HIV-related or unknown neurologic disease. (NOS/ cannot determine specific diagnosis)