

HIV TESTING
It's Routine!

**A PROVIDER'S GUIDE
TO REIMBURSEMENT
AND SUSTAINABILITY
FOR ROUTINE HIV TESTING
AND HIV PREVENTION IN FLORIDA
HEALTHCARE FACILITIES**

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HIV TESTING RECOMMENDATIONS

Testing for HIV is the only way to determine if a person is living with the virus. If individuals do not know their HIV status, HIV transmission cannot be eliminated. The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13 and 64 get an HIV test at least once, regardless of risk.

HIV screening should be a routine test and HIV testing services are reimbursable through most public and private insurances. These recommendations are based on the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings (MMWR. September 2006; 55 [RR-14]; 1-17).

Florida law does not require written informed consent for HIV testing in health care settings (section 381.004, Florida Statutes). Clients must be notified that they will be tested for HIV, and they have the right to decline testing (opt-out). Notification of the test can be verbal or written. If the client opts-out, this decision must be recorded in the medical record. Florida legislation describes facilities that are authorized to implement the “opt-out” strategy as any hospital, urgent care clinic, substance abuse treatment center, primary care clinic, community clinic, blood bank, mobile medical clinic, or correctional health care facility.

HIV screening is supported by CDC recommendations as a normal part of medical practice, comparable to screening for other treatable conditions. Screening as a basic health tool is used to identify unrecognized health conditions so treatment can be offered before symptoms develop and to implement interventions to reduce the likelihood of continued transmission of communicable diseases.

HIV infection is consistent with all generally accepted criteria that justify screening:

- (1) HIV infection is a serious health disorder that can be diagnosed prior to the development of symptoms
- (2) HIV infection can be identified by reliable, inexpensive and noninvasive screening tests
- (3) People living with HIV have years of life to gain if treated early, before symptoms develop
- (4) Screening costs are reasonable in relation to the anticipated benefits. Among pregnant women, screening has proven significantly more effective than risk-based testing for detecting unsuspected maternal HIV infection and preventing perinatal transmission.

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.

The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. These are both Grade “A” Recommendations. USPSTF recommendations available online at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>

Under the Affordable Care Act, Medicare, Medicaid and private insurance are either required or incentivized to cover “A” and “B” graded services.



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Coverage of preventive health services, including HIV testing, is required through the Patient Protection and Affordable Care Act (PPACA). Achieving sustainability of an HIV testing intervention may, over time, involve one or more strategies.

Recommendations for maintaining sustainability offered in this guide are merely suggestions that may be utilized when evaluating the objectives and needs of the individual healthcare setting.

RECOMMENDATIONS

- Seek reimbursement by billing Medicaid, Medicare, or other third-party payers for HIV/AIDS testing services
- Train staff on billing and coding
- Make adequate time for staff to address billing and coding issues
- Assess current billing and reimbursement practices, infrastructure for billing and reimbursement, status of health information technologies, and challenges and technical assistance needs
- If not already in place, consider using electronic health records (EHR) to maximize health information technology capacity
- Monitor rate of reimbursement for each payer
- Update or implement information technology infrastructure (billing software)
- Network and share practices with other agencies
- Seek technical assistance on third-party billing/reimbursement from other agencies
- Submit grant applications (to purchase kits)
- Utilize a community-based organization to visit the clinical site to perform HIV testing
- Identify a “champion” to provide ongoing support and promotion of HIV testing within the healthcare facility
- Have an electronic clinical reminder that encourages providers to offer HIV testing

CODING GUIDELINES FOR ROUTINE HIV TESTING IN HEALTH CARE SETTINGS

The following tables list coding modifiers, CPT codes and ICD-10 codes that can be used to maximize reimbursement for routine HIV testing at medical practices.

CODING MODIFIERS FOR HIV TESTING IN HEALTH CARE SETTINGS

CODING MODIFIER	DESCRIPTION
33	Use to indicate a preventive service for which a patient’s co-pay, deductible or co-insurance is waived; need not use if service is inherently preventive; when billing an E/M service with preventive services for same visit, when the main reason for the visit is for preventive services, co-pays, coinsurance, or deductibles will not apply.
92	For use when laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, use with CPT® code range 86701-86703. GO435 only.
QW	Clinical Laboratory Improvement Amendments (CLIA) waived test. Waived test include systems cleared by the Food and Drug Administration (FDA) designated as simple, have a low risk for error and approved for waiver under the CLIA criteria. Use with test codes 86701-86703, GO433-GO435. Do NOT report on any other code type. If a combination of waived and un-waived test are performed, do not use modifier QW.

*Check with your local Medicaid provider for the appropriate modifier.

Note: Correct order and linking of diagnosis codes is key for reimbursement purposes

CODING GUIDELINE FOR ROUTINE HIV TESTING IN HEALTH CARE SETTINGS

ICD-10-CM DIAGNOSIS CODES CHART [HTTPS://ICDCODELOOKUP.COM/](https://icdcodelookup.com/)

ICD-10 CODES	DESCRIPTION
Z00.0	Encounter for general adult medical examination without abnormal findings
Z11.4	Encounter for screening for human immunodeficiency virus (HIV)
Z11.59	Encounter for screening for other viral diseases
Z70.0	Counseling related to sexual attitude
Z70.1	Counseling related to patient's sexual behavior and orientation
Z71.7	Human immunodeficiency virus (HIV) counseling
Z72.89	Other problems related to lifestyle
Z21	Asymptomatic human immunodeficiency virus (HIV) infection
B20	Human immunodeficiency virus (HIV) disease
Z72.5	High risk sexual behavior

CPT® CODES [HTTPS://CORRECTCODECHECK.DECISIONHEALTH.COM/CPT/SEARCH.ASPX](https://correctcodecheck.decisionhealth.com/cpt/search.aspx)

TEST PRODUCT DESCRIPTION	
CODES	DESCRIPTION
86689	Antibody; HTLV or HIV antibody; confirmatory test (e.g., Western Blot)
86701	Antibody; HIV-1; single result
86702	Antibody; HIV-2; single result
86703	Antibody; HIV-1 and HIV-2, single assay
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87389	Infectious agent detection by enzyme immunoassay technique, HIV-1 antibody with HIV-1 and HIV-2 antigens; qualitative or semi-quantitative; single step
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; HIV-1
87391	Infectious agent antigen detection by enzyme Immunoassay HIV-2; qualitative or semi-qualitative; multi-step

TEST ADMINISTRATION DESCRIPTION	
CODES	DESCRIPTION
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (e.g. finger, heel, ear stick)

PROVIDER ENCOUNTER

CODES	DESCRIPTION
99385	Initial comprehensive preventive medicine service evaluation and management 18–39 years of age (new patient)
99386	Initial comprehensive preventive medicine service evaluation and management 40–64 years of age (new patient)
99387	Initial comprehensive preventive medicine service evaluation and management 65 years of age and older (new patient)
99395	Periodic comprehensive preventive medicine reevaluation and management 18–39 years of age (established patient)
99396	Periodic comprehensive preventive medicine reevaluation and management 40–64 years of age (established patient)
99397	Periodic comprehensive preventive medicine reevaluation and management 65 years of age and older (established patient)
99211–99215	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician (code based on time spent, 5 minutes – 40 minutes)

PRE- AND POST-HIV TEST COUNSELING

CODES	DESCRIPTION
99401–99404	Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; (code based on time spent, 15 minutes – 60 minutes)

MEDICARE TESTING GUIDELINES

Based on the USPSTFs 2013 recommendations, Medicare covers once annual HIV screening for all beneficiaries age 15–65, without co-payment, regardless of risk. Pregnant women are covered for three tests, and those under the age of 15 and older than 65 who are at "increased risk" are covered for one test annually.

DETERMINING THE APPROPRIATE PRIMARY ICD-10-CM DIAGNOSIS CODE FOR DIAGNOSTIC TESTS ORDERED DUE TO SIGNS AND/OR SYMPTOMS

If the provider has confirmed a diagnosis based on the results of the diagnostic test, the physician interpreting the test should code that diagnosis. The signs and/or symptoms that prompted ordering the test may be reported as additional diagnoses if they are not fully explained or related to the confirmed diagnosis.

INCIDENTAL FINDINGS

Incidental findings should never be listed as primary diagnoses. If reported, incidental findings may be reported as secondary diagnoses by the physician interpreting the diagnostic test.

DIAGNOSTIC TESTS ORDERED IN THE ABSENCE OF SIGNS AND/OR SYMPTOMS

When a diagnostic test is ordered in the absence of signs/symptoms (e.g., screening tests) or other evidence of illness or injury, the physician interpreting the diagnostic test should report the reason for the test (e.g., screening) as the primary ICD-10-CM diagnosis code. The results of the test, if reported, may be recorded as additional diagnoses.

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODES FOR BILLING MEDICARE

CODES	DESCRIPTION
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, technique, HIV-1 and/or HIV-2, screening

Note: These codes can only be claimed with use of the corresponding ICD-10-CM diagnosis codes.

ACCOMPANYING DIAGNOSIS CODES

1. For beneficiaries reporting increased risk factors, use HCPCS code G0432, G0433, or G0435 with diagnosis code Z11.59 (“Encounter for screening for other viral diseases”) as primary; with diagnosis code Z72.89 (“Other problems related to lifestyle”) as secondary.
2. For beneficiaries not reporting increased risk factors, claims shall contain HCPCS code G0432, G0433 or G0435 with diagnosis code Z11.59 only.
3. For pregnant women, use diagnosis code Z34.00, Z34.80 or Z34.90.

NOTE: Medicare pays for voluntary HIV screening a maximum of once annually for beneficiaries at increased risk for HIV infection.

NOTE: Medicare pays for voluntary HIV screening of pregnant Medicare beneficiaries a maximum of three times per term of pregnancy beginning with the date of the first test when ordered by the woman’s clinician:
(1) when the diagnosis of pregnancy is known,
(2) during the third trimester, and
(3) at labor, if ordered by the woman’s physician.

DISCLAIMER: This guide was prepared as a resource for healthcare professionals and is only intended to be a general summary. It is not intended to take the place of written law, regulations or professional judgment. We encourage readers to review the specific statutes, regulations and other materials for a full and accurate statement of their contents.

Coding Scenarios for Routine and Rapid HIV Testing in Healthcare Facilities (See descriptive ICD–10–CM and CPT® Codes to identify the set of codes that best reflect the status of the patient being tested)

Example 1: Non–established Patient Visit

A private practice physician sees a 25–year–old male for his annual wellness exam.

The patient, who is **not an established** patient, states that he has had multiple sexual partners, both male and female. The physician should perform a **rapid** HIV test.

To bill use:
ICD–10–CM Diagnosis Codes: Z00.00; Z11.59 or Z72.89; Z71.7; Z21; B20;
CPT®
Test Product: 86701 with modifier 92 or QW, or 86703 with modifier 92 or QW, or 87390 with modifier 92
Office Service: 99385

Example 1: Non–established Patient Visit

A 35–year–old married female with allergy complaints visits her primary care physician.

She is an established patient; therefore, the physician can perform either the **conventional** or a **rapid** HIV test.

To bill use:
ICD–10–CM Diagnosis Codes: Z11.59; Z21 or B20; Z71.7
NOTE: These codes should be reported in addition to those codes appropriate to allergy complaints reported by the patient (either a confirmed diagnosis of allergy, or the specific signs or symptoms).
CPT® CODES
Test Product: 86701 with modifier 92 or QW;
Office Service: 99211–99215

Example 3: Established Patient– Coding Modifier 33

An 18–year old female visits her physician’s office for a routine general medical examination. She requests an HIV test because she is in a sexual relationship and she has read a poster at her school that the CDC’s recommendations encourage HIV testing in individuals ages 13 to 64 in all healthcare settings. The physician can either perform a **conventional** HIV test or a **rapid** HIV test.

To bill use:
ICD–10–CM Diagnosis Codes: Z11.59; Z21 or
CPT® CODES:
Test Product: 86701 with modifier 92 or QW;
Test Administration: 36415;
Office Service: 99211–99215

Example 4: Medicare Patient visit (Health Care Common Procedure Coding System)

A 66– year–old gay male visits his physician’s office for his annual checkup and indicates sexual risk behavior. The patient is covered by Medicare; therefore, the physician can either order a HIV test or a **rapid** HIV test.

ICD–10–CM Diagnosis Codes: Z11.59 with Z72.89; Z71.7
HCPCS: G0432, or G0433 or G0435

FLORIDA INDIVIDUALS HEALTH INSURANCE PLANS PREVENTIVE SERVICES COVERAGE FOR HIV TESTING

HEALTH PLAN	REIMBURSEMENT
Aetna	HIV screening is covered according to available screening guidelines. http://www.aetna.com/cpb/medical/data/500_599/0542.html
Ambetter	Annual counseling and/or screening is covered for sexually active and at risk patients. https://ambetter.sunshinehealth.com/content/dam/centene/Sunshine/Ambetter/PDFs/FL%20Ambetter/PreventiveGuide.pdf
AvMed	HIV screening is covered for all adults at “higher risk,” per USPTF guidelines including high community prevalence: https://www.avmed.org/web/individuals-families/prevention-education/preventive-services
Cigna	Screening HIV test covered with primary associated ICD-10-CM for prevention services (NOT for treatment of illness or injury). For additional info visit: https://www.cigna.com/health-care-reform/news/preventive-care-fact-sheet
Florida Blue	HIV Screening is covered at no cost as part of annual wellness exam https://www.floridablue.com/sites/floridablue.com/files/docs/2019%20Preventive%20Services%20Guide%20Final.pdf
Health First Health Plans Inc.	Screening HIV test covered with primary associated ICD-10-CM for prevention services (NOT for treatment of illness or injury). For additional info visit: https://hf.org/health_plans/providers/forms/billing_guidelines_preventive_services.pdf
Magellan Humana	HIV screening is covered for all adults at “higher risk,” per USPTF guidelines including high community prevalence when ordered through an in-network PCP. For additional info visit: https://www.humana.com/learning-center/health-and-wellbeing/health-conditions/hiv-aids
Medicaid	Must cover medically necessary HIV testing.
United Health Care	HIV screening is covered according to available screening guidelines https://www.uhc.com/united-for-reform/health-reform-provisions/preventive-services

NOTE: We are unable to provide a list of private health insurance plans as new plans and changes in plans are difficult to keep updated. Please refer to each individual health plan to verify reimbursement coverage for HIV Testing

For a complete list of health plans offered in Florida visit:
<http://floridahealthfinder.gov/HealthPlans/Compare.aspx>.

HIV PREVENTION AND PRE-EXPOSURE PROPHYLAXIS (PrEP)

WHAT TO DO AFTER A NEGATIVE HIV TEST

After delivery of a HIV negative result, it is important to evaluate appropriateness for and interest in available prevention strategies through open discussion of sexual practices and other risk behaviors. A risk reduction plan may include planned re-testing for HIV and other sexually transmitted infections (STIs) at an appropriate interval, condom use, and pre-exposure prophylaxis (PrEP). The United States Food and Drug Administration (FDA) has approved two formulations of antiretroviral medications for use in HIV prevention in sexually active HIV-negative individuals. A PrEP prescription requires, in addition to baseline HIV and additional laboratory testing, quarterly clinical and laboratory monitoring.

PrEP should be considered and recommended for individuals at increased risk for HIV infection. The Florida Department of Health offers PrEP services in each county. Facilities that offer PrEP, by location are available at: <http://www.prelocator.org>
<http://www.floridahealth.gov/diseases-and-conditions/aids/PrEP/index.html>
 Florida Medicaid, Medicare, and most private insurance plans cover PrEP medication. Assistance programs are available for those without insurance.

INDICATIONS FOR PrEP CONSIDERATION:

	MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN	HETEROSEXUAL WOMEN AND MEN	INJECTION DRUG USERS
DETECTING SUBSTANTIAL RISK OF ACQUIRING HIV INFECTION	<ul style="list-style-type: none"> • Sexual partner with HIV • Recent bacterial STI • >1 sex partner • History of inconsistent or no condom use • Commercial sex work 	<ul style="list-style-type: none"> • Sexual partner with HIV • Recent bacterial STD • >1 sex partners • History of inconsistent or no condom use • Commercial sex work • Lives in high prevalence area or network 	<ul style="list-style-type: none"> • HIV-positive injecting partner • Sharing injection equipment • Recent drug treatment (but currently injecting)
CLINICALLY ELIGIBLE	<ul style="list-style-type: none"> • Documented negative HIV Test before prescribing PrEP • No signs/symptoms of acute HIV infection • Normal renal function, no contraindicated medications • Documented hepatitis B virus infection and vaccination status 		

PRESCRIBING PrEP

- Perform a physical exam and HIV risk assessment to determine whether PrEP is right for your patient
- Confirm patient is HIV negative (4th generation antigen–antibody test is preferred)
- Screen for Hepatitis B infection and immunity with surface antibody, surface antigen, and core antibody testing
- Screen for Hepatitis C
- Test for STIs: rectal, urethral, pharyngeal gonorrhea and chlamydia and syphilis
- Counsel and assess medication adherence, sexual risk reduction
- Limit prescription to 3 months and follow up with patient every 3 months
- Quarterly follow–up involves reassessment of risk, repeat laboratory testing per guide lines including HIV testing, STI testing at appropriate interval, and reissuance of prescription

The USPSTF has released guidelines for PrEP with a Grade A recommendation. As a result, qualifying insurance plans are required or encouraged to cover all costs related to PrEP without patient contribution. This includes private, Medicare and Medicaid plans.

For patients with a high co–pays or high deductibles, there is financial help available through the Gilead Co–Pay Assistance Program <https://www.gileadadvancingaccess.com/>, the Patient Access Network (PAN) at www.panfoundation.org, Good Days at www.mygooddays.org and the Patient Advocate Foundation (PAF) at www.copays.org provided that patients meet income requirements.

The Gilead Advancing Access Program is available for uninsured patients who qualify at <https://www.gileadadvancingaccess.com/financial-support/uninsured>.

When issuing a PrEP prescription, use of a specialty pharmacy or other pharmacy with awareness of available resources for PrEP medication provision can assist with prompt and affordable dispensation of PrEP medication.

WHAT TO DO AFTER A POSITIVE TEST

The Department of Health and Human Services (DHHS) guidelines currently recommend universal antiretroviral therapy (ART) for all people living with HIV regardless of CD4 count as soon as possible.

Starting ART immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load. People living with HIV who take ART medication as directed and have an undetectable HIV viral load have essentially no risk of transmitting HIV to their sexual partners.

There is a benefit to the community resulting from reduced transmissions when people living with HIV are started on ART immediately. It is important to contact your local health department immediately and establish immediate linkage to care for anyone newly diagnosed with HIV infection.

For additional HIV/AIDS information visit
Florida’s Know Your HIV Status website:
www.knowyourhivstatus.com

FLORIDA HIV/AIDS HOTLINE:
1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101(243-7101) Haitian Creole
1-888-503-7118 TDD/TTY(Hearing/Speech Impaired)

REIMBURSEMENT AND BILLING FOR PrEP SERVICES AND SEXUAL HEALTH PREVENTION SERVICES

CPT CODES	DESCRIPTION
99211–99215	Evaluation and management services for new patients
99211–99215	Evaluation and management services for established patients
99401–99404	Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; (code based on time spent, 15 minutes – 60 minutes)
86689	HTLV or HIV antibody confirmatory test (e.g. Western Blot)
4290F	Patient screened for injection drug use (HIV)
4293F	Patient screened for high-risk sexual behavior (HIV)
86701	HIV antibody test performed (HIV-1 only)
86703	HIV antibody test performed (HIV-1 and HIV-2)
87389	HIV-1 EIA antibody with HIV-1 and HIV-2 antigens
87390	HIV-1 detection by immunoassay (IAAD EIA HIV-1)
87534	HIV-1 detection by nucleic acid, direct probe
87535	HIV-1 detection by nucleic acid, amplified probe
87536	HIV-1 quantitation
86592	Syphilis test, non-treponemal antibody; qualitative (eg. VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86780	Antibody; Treponema pallidum
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87340	Hepatitis B surface antigen (HbsAg)
87341	Hepatitis B surface antigen (HBsAg) neutralization
86631	Antibody Chlamydia
86632	Antibody Chlamydia, IgM
87110	Culture, chlamydia, any source
87270	Infectious agent antigen detection by immunoassay technique, Chlamydia trachomatis
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

REIMBURSEMENT AND BILLING FOR PrEP SERVICES AND SEXUAL HEALTH PREVENTION SERVICES

HCPCS CODE	FOR MEDICARE PATIENTS
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2 screening
G0433	Infectious agent antibody detection by enzyme linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2 screening

ICD-10 CODE	DESCRIPTION
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus (HIV)
Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
W46.0	Contact with hypodermic needle (hypodermic needle stick NOS)
W46.1	Contact with contaminated hypodermic needle
Z20.8	Contact with and (suspected) exposure to other communicable diseases
Z79	Long term (current) drug therapy. Includes long term (current) drug use for prophylactic purposes
Z00.0	Encounter for general adult medical examination
Z01.812	Encounter for preprocedural laboratory examination (blood and urine tests prior to treatment or procedure)
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus (HIV)
Z11.59	Encounter for screening for other viral diseases
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z13.89	Encounter for screening for other disorder (encounter for screening for genitourinary disorders)
Z13.9	Encounter for screening unspecified
Z32.0	Encounter for pregnancy test
Z70.0	Counseling related to sexual attitude
Z70.1	Counseling related to patient's sexual behavior and orientation
Z70.3	Counseling related to sexual behavior and orientation of third party (child, partner, spouse)
Z72.5	High risk sexual behavior
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior

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RESOURCES

American Medical Association

www.ama-assn.org

American Academy of HIV Medicine

www.aahivm.org

Centers for Disease Control and Prevention

www.cdc.gov

Center for Medicare and Medicaid Services

www.cms.gov/center/coverage.asp

HIV Medicine Association

www.hivma.org

National Alliance of State and Territorial AIDS Directors

www.nastad.org

The Professional Association of Healthcare Coding Specialists

www.pahcs.org

**Updated information on facilities that offer PrEP,
by location, is available at:**

<http://www.prelocator.org>

<http://www.floridahealth.gov/diseases-and-conditions/aids/PrEP/>

Florida Department of Health

www.preventhivflorida.com



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