A Provider's Guide to Reimbursement and Sustainability for HIV Testing in Florida Healthcare Facilities

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HIV Testing Recommendations

The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* (MMWR. September 2006;55[RR-14];1-17. (*www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm*) encourage human immunodeficiency virus (HIV) testing for patients aged 13 to 64 in all healthcare settings as a routine part of medical care, after the patient is notified that testing will be performed unless the patient declines (opt-out screening). Persons at high risk should be screened for HIV at least annually. Effective July 1, 2015 Florida now has opt-out coverage. This law takes Florida a step closer to removing the stigma of HIV by increasing HIV testing and making it a more routine part of care in our state.

The change in the law amends 381.004, F. S. removing the requirement for informed consent prior to HIV testing in healthcare settings. With this change in statute, the client must be notified that they will be tested for HIV, and they have the right to decline testing (opt-out) and they must inform the provider that they do not want to be tested. Notification of the test can be oral or in writing. If the client opts-out, that must be noted in the client's medical record.

In non healthcare settings such as community based organizations informed consent is still required, but not necessarily written informed consent. The requirement for written, informed consent is actually established in rule (64D-2) and the model protocol. Statute only requires that "a provider shall obtain the informed consent of the person upon whom the test is to be performed. Informed consent shall be preceded by an explanation of the right to confidential treatment of information identifying the subject of the test and the results of the test as provided by law." (http://laws.flrules.org/2015/110)

HIV screening is supported by the revised 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) infected patients have years of life to gain if treated early, before symptoms develop and; (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 *http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm*.

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

Sustaining an HIV Testing Intervention Program

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 health care facility
- Have an electronic clinical reminder that encourages providers to offer HIV testing

Coding Guidelines for Routine HIV Testing in Healthcare Settings

CPT® Codes *https://ocm.ama-assn.org/OCM/CPTRelativeValueSearch.do*	
Test Product	
Code	**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-2, 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	
Code	**Description**
36415	Collection of venous blood by venipuncture
Office Service	
Code	**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)
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)
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	
Code	**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)

Coding Guidelines for Routine HIV Testing in Healthcare Settings

Coding Modifiers for HIV Testing in Healthcare Settings	
Coding Modifier	**Special Coding Instructions**
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, G0435 only.
QW	Clinical Laboratory Improvement Amendments (CLIA) waived test. Waived tests include test 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, G0433-G0435. Do NOT report on any other code type. If a combination of waived and un-waived tests 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.

ICD-9-CM and ICD-10-CM Diagnosis Codes Comparison Chart *www.icd10codesearch.com*		
ICD-9-CM	**Converts**	**ICD-10-CM**
V70.0	Approximately to:	**Z00.00** - Encounter for general adult medical examination without abnormal findings
V73.89	Approximately to:	**Z11.59** - Encounter for screening for other viral diseases
V69.8	Approximately to:	**Z72.89** - Other problems related to lifestyle
V65.44	Directly to:	**Z71.7** - Human immunodeficiency virus [HIV] counseling
V08	Directly to:	**Z21** - Asymptomatic human immunodeficiency virus [HIV] infection status
795.71	Approximately to:	**R75** - Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
042	Directly to:	**B20** - Human immunodeficiency virus [HIV] disease
V22.0	Approximately to:	**Z34.00** - Encounter for supervision of normal first pregnancy, unspecified trimester
V22.1	Approximately to:	**Z34.80** - Encounter for supervision of other normal pregnancy, unspecified trimester, **or**: **Z34.90** - Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
V23.9	Approximately to:	**O09.90** - Supervision of high risk pregnancy, unspecified, unspecified trimester **or**: **O09.91** - Supervision of high risk pregnancy, unspecified, first trimester **or**: **O09.92** - Supervision of high risk pregnancy, unspecified, second trimester **or**: **O09.93** - Supervision of high risk pregnancy, unspecified, third trimester
079.53	Directly to:	**B97.35** - Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
V67.9	Approximately to:	**Z09** - Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
V69.2	Approximately to:	**Z72.51** - High risk heterosexual behavior

Medicare

Changes in Medicare Testing Guidelines

In April 2015, Medicare issued a national coverage determination based on the USPSTF's 2013 recommendations. Medicare now 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 age 15 and older than 65 who are "at increased risk" are covered for one test annually.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R131NCD.pdf

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

Code	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, 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.
   or
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.

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 he 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® CODES

Test Product: 86701 with modifier **92 or QW,** or **86703** with modifier **92 or QW,** or **87390** with modifier **92**

Office Service: 99385

Example 2: 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: Emergency Department Visit

A 38-year-old male visits the Emergency Department with a prolonged cough and pain in the chest, and indicates sexual risk behavior. The attending physician can either perform a conventional HIV test or a **rapid** HIV test.

To bill use:

ICD-10-CM Diagnosis Codes: Z11.59 or **Z72.89; Z71.7; Z21; B20;**

CPT® CODES

Test Product: 86701 with modifier **92,** or **86703** with modifier **92,** or **87390** with modifier **92**

Office Service: 99281-99288

NOTE: Physician billing for emergency department services provided to patient by both the patient's personal physician and/or ED physician.

Example 4: 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:

I**CD-10-CM Diagnosis Codes: Z11.59; Z21** or **B20; Z71.7**

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 **conventional** 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 Individual 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*
AvMed	For plans beginning on or after September 23, 2013, 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*
Health First Health Plans Inc., Magellan	Screening HIV test covered with primary associated ICD-10-CM for prevention services (NOT for treatment of illness or injury).For additional info visit: http://www.health-first.org/fhca/providers/forms/preventive_coverage.pdf
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/healthy-living/adult-preventative-care-guidelines*
Medicaid	Must cover medically necessary HIV testing. *http://www.aahivm.org/flexpansion*

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.

References

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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

Centers 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

Florida Department of Health

www.preventhivflorida.com

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