Routine HIV Testing in Healthcare Settings: Reimbursement & Sustainability

Updated October, 2017
Overview

• Importance of routine testing
• Current recommendations for testing
• Reimbursement for HIV counseling
• Reimbursement for HIV testing
• Resources for HIV testing reimbursement
Why Routine Screening?

• One in 8 people living with HIV do not know that they are infected

• 30% of new infections are transmitted by people who do not know they are infected

• Treatment is effective in improving health and cuts the risk of transmission by as much as 96%

• People who know their status are more likely to take other protective measures

http://www.cdc.gov/hiv/testing/ (accessed Sept 2016)
Desired Outcome of Routine HIV Screening

- HIV Screening
- HIV Diagnosis
- Link to Care

- Improve Survival and Quality of Life
- Prevent New HIV Infections
Why Routine Screening?

• Risk-based screening misses many people
  – 39% of men who had sex with a man within the past year *did not disclose their same-sex sexual activity* to their health care provider
  – 51% of rapid test positive patients identified in Emergency Department (ED) screening had *no identified risk*

Cost Effectiveness

• Testing a patient for HIV is cost effective when prevalence is above 0.1%.
• Currently, the lifetime treatment cost for an individual with HIV infection is estimated at $379,668 (in 2010 dollars)

Schackman, B. Medical Care, November 2006; Vol 44: pp 990-997
What are the Recommendations?

Centers for Disease Control and Prevention 2006 Revised Recommendations:

HIV screening is recommended for all patients ages 13-64 in all health care settings after the patient is notified that testing will be done unless the patient declines (opt-out screening).

Persons at high-risk for HIV infection should be screened for HIV at least annually.

Separate written consent for HIV testing should not be required. General consent for medical care should be considered sufficient to encompass consent for HIV testing.

Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health care settings.

HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women, and HIV screening is recommended after the patient is notified that testing will be done unless the patient declines (opt-out screening).

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
### Summary of Recommendations and Evidence

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents and Adults 15-65 Years Old</td>
<td>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Go to the Clinical Considerations for more information about screening intervals.</td>
<td>A</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>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.</td>
<td>A</td>
</tr>
</tbody>
</table>

Affordable Care Act

• Affordable Care Act, requires that beginning in 2010 qualified health plans provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force (USPSTF)
Importance of USPSTF Rating

- HIV screening has an “A” rating from the USPSTF.
- Therefore -- It is a covered service by Medicare, Medicaid and ACA qualified health plans.
- The USPSTF has not recommended specific screening intervals, but has some guidance:
  - Once for all 15-65 years regardless of risk
  - Annually for those at “very high risk” including local prevalence >1%
  - Every 3-5 years for those at “increased risk”

Achieving Sustainability in HIV Testing

• 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.
• Use electronic health records (EHR) to maximize health information technology capacity
• Monitor rate of reimbursement for each payer
• Implement information technology infrastructure (billing software)
Coding & Billing for HIV Testing

• Steps in testing cascade (and related coding)
  – Clinician or counselor encounter
    • Maybe routine “check-up” or problem based
    • CPT® coding for visit
    • ICD-10 diagnosis coding
  – Phlebotomy
    • If done on site
  – HIV test
    • Rapid test coding
    • Lab-based test
CPT® Coding: Physician Visit for Comprehensive Prevention Medicine Service

Routine clinical visit for preventive care

- 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)
CPT® Coding for Testing Visit: If the visit is for another issue and HIV testing is ordered

- **99202-99205** and **99211–99215** office visit codes for other outpatient services for a patient based upon the key components performed.

- Recall that these codes can be adjusted based on time spent with patient (document counseling >50% of time).

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>HMC</th>
<th>New Patient-Office Visit</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202 (20 min)</td>
<td>6000</td>
<td>Expanded Problem Focus</td>
<td></td>
</tr>
<tr>
<td>99203 (30 min)</td>
<td>6000</td>
<td>Detailed Low</td>
<td></td>
</tr>
<tr>
<td>99204 (45 min)</td>
<td>6000</td>
<td>Comprehensive Moderate</td>
<td></td>
</tr>
<tr>
<td>99205 (60 min)</td>
<td>6000</td>
<td>Comprehensive High</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>HMC</th>
<th>Established Patient-Office Visit</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 (5 min)</td>
<td>6000</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>99212 (10 min)</td>
<td>6000</td>
<td>Problem Focus</td>
<td></td>
</tr>
<tr>
<td>99213 (15 min)</td>
<td>6000</td>
<td>Expanded Problem Focus</td>
<td></td>
</tr>
<tr>
<td>99214 (25 min)</td>
<td>6000</td>
<td>Detailed</td>
<td></td>
</tr>
<tr>
<td>99215 (40 min)</td>
<td>6000</td>
<td>Comprehensive High</td>
<td></td>
</tr>
</tbody>
</table>
When Performed by a Counselor

- **99401 - 99404** Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; (code based on time spent, 15 minutes - 60 minutes)
ICD-10 Diagnosis Codes

• **Z11.4** Encounter for screening for human immunodeficiency virus (HIV)
• **Z71.7** Human immunodeficiency virus (HIV) counseling

• **Z20.6** Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
• **Z20.828** Contact with and (suspected) exposure to other viral communicable diseases
# Billing for HIV-Test Procedure

<table>
<thead>
<tr>
<th>Code</th>
<th>Rapid Modifier</th>
<th>Description</th>
<th>Common Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>86689</td>
<td></td>
<td>Antibody; HTLV or HIV antibody, confirmatory test</td>
<td>Confirmatory test</td>
</tr>
<tr>
<td>86701</td>
<td>92</td>
<td>Antibody; HIV-1</td>
<td>HIV-1 only test</td>
</tr>
<tr>
<td>86703</td>
<td>92</td>
<td>Antibody; HIV-1 and HIV-2, single assay</td>
<td>HIV 1-2 test</td>
</tr>
<tr>
<td>87390</td>
<td>92</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-1</td>
<td>Ag/Ab 4th generation test</td>
</tr>
</tbody>
</table>

Modified from: AAHIVM “Coding guide for routine HIV testing in health care settings”
Case

- A private practice physician sees a 20-year-old single male for his annual physical before his senior year of college. The patient, who is not an established patient, has had multiple sexual partners, both male and female. The physician performs the HIV rapid test.
• **Visit Code 99385**: New patient initial comprehensive preventive medicine service evaluation and management

• **ICD10 Codes:**
  - **Z11.4** Encounter for screening for human immunodeficiency virus (HIV)
  - **Z71.7** Human immunodeficiency virus (HIV) counseling (if done)
  - **Z72.53** High risk bisexual behavior

• **Testing Code** Based on Test Available in Office (use modifier 92 for rapid test)

Modified from: AAHIVM “Coding guide for routine HIV testing in health care settings”
• A 34-year-old, married female with allergy complaints comes to a visit at her primary care physician’s office.

• Her physician elects to perform a routine HIV screening test.
• **Visit Code 99211–99215** or appropriate office visit code from the code series for an established patient based upon the key components performed

• **ICD10 Codes:**
  – **Z11.4** Encounter for screening for human immunodeficiency virus (HIV)
  – **Z71.7** Human immunodeficiency virus (HIV) counseling (if done)

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Reimbursement Issues

- Global, per diem or bundled payments may make it difficult to determine whether the cost of testing is covered and to attribute payment to an HIV testing event.
- This often requires research of policies of a particular payer.
References / Additional Resources

- AAHIVM Provider Resource Guide
- http://www.aahivm.org/
- NASTAD
- https://www.nastad.org
- https://aidsetc.org/aetc-program/southeast-aetc