

# A Provider's Guide to Sustainability and Reimbursement of HIV Testing in Florida Health Care Facilities

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USF Center for HIV  
Education and Research

## HIV Testing Recommendations

The Revised CDC Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings (Morbidity and Mortality Weekly Report, 2006) encourage HIV testing for patients aged 13 to 64 in all health care 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). Routine HIV testing may reduce the stigma associated with assessment of risk behaviors, and more patients accept recommended HIV testing when it is routinely offered to everyone, without a risk assessment.

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; 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.

Florida Individual Health Insurance Plans Preventive Services Coverage for HIV Testing			
Company	Cost Sharing	Deductible	Reimbursement
Aetna	No member cost sharing for in-network service	Covered at 100%	In-network providers: Allowed amount based on fee schedule Out-of-network: Recognized amount as defined by member's plan; member cost-sharing may apply; balance billing allowed
AvMed	No member cost sharing for in-network service	Covered at 100%	
Blue Cross and Blue Shield of Florida	No member cost sharing for in-network service	Covered at 100% of allowed amount	Coding Assistance: For questions regarding diagnosis, procedure or modifier codes, visit: <a href="http://www.bcbsfl.com">www.bcbsfl.com</a>
CIGNA	No member cost sharing for in-network service	Covered at 100% of allowed amount	ICD-9 represents services that are NOT for treatment of illness or injury and should be submitted as the primary diagnosis for preventive services. For additional info visit: <a href="http://www.informedonreform.com">www.informedonreform.com</a>
Humana	No member cost sharing for in-network service	Covered at 100%	
UnitedHealthcare	No member cost sharing for in-network service	Covered at 100% of allowed amount	
Medicare	No cost to beneficiary under Part A or enrolled under Part B		

Note: Preventive services are available to insured members as part of a routine annual wellness exam. Additional laboratory or procedural services may be subject to standard medical plan deductible, coinsurance or copay by the patient.

## Coding Guidelines for Routine HIV Testing in Health Care Settings

Providers can bill for performing an HIV test with a rapid test kit by adding modifier “92” for **Alternative Laboratory Platform Testing** to the usual laboratory procedure code for HIV testing within the CPT® (Current Procedural Terminology) system. The CPT guidance for this modifier is as follows: “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, the service may be identified by adding modifier “92” to the usual laboratory procedure code (HIV testing 86701-86703).”

### Coding Scenarios for Routine and Rapid HIV Testing in Health Care Facilities

(See descriptive ICD-9 and CPT Codes to identify the set of codes that best reflect the status of the patient being tested)

#### Example 1: Non-established Patient—Annual Exam

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-9-CM Diagnosis Codes: V70.0; V73.89 or V69.8; V65.44; V08; 042; V65.44**

#### CPT CODES

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

**Office service: 99385**

#### Example 2: Established Patient—Annual Exam

A 35-year-old single 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-9-CM Diagnosis Codes: V73.89; V08 or 042; V65.44**

**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**

**Test administration: 36415**

**Office service: 99211-99215**

#### Example 3: Emergency Department Visit

A 64-year-old single female reports to the emergency department with complaints of abdominal pain and indicates sexual risk behavior. The physician should perform a **rapid** HIV test.

To bill use:

**ICD-9-CM Diagnosis Codes: V73.89 or V69.8; V65.44; V08; 042; V65.44**

#### 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.**

ICD-9-CM Diagnosis Codes	
Code	Description/Situation
V70.0	Patient seen as part of routine general medical examination at a health care facility
V73.89	Special screening for other specified viral diseases <ul style="list-style-type: none"> <li>To determine HIV status of patient</li> <li>Patient seen as part of routine prenatal medical examination</li> <li>Can be used in addition to V70.0</li> </ul>
V69.8	Other problems related to lifestyle <ul style="list-style-type: none"> <li>Asymptomatic patient in a known high-risk group for HIV</li> <li>Returning patient informed of his/her negative HIV test results</li> <li>Can be used in addition to V70.0</li> </ul>
V65.44	HIV counseling (counseling provided during the encounter for the test) <ul style="list-style-type: none"> <li>Use additional code if applicable</li> <li>Returning patient informed of his/her <b>negative</b> test results</li> <li>HIV counseling provided to patient with <b>positive</b> test results</li> </ul>
V08	Asymptomatic HIV infection status <ul style="list-style-type: none"> <li>Returning patient informed of his/her positive HIV test results, AND patient is <b>asymptomatic</b></li> </ul>
042	HIV disease <ul style="list-style-type: none"> <li>Returning patient informed of his/her HIV <b>positive</b> test results, AND patient is <b>symptomatic</b></li> </ul>
V22.0	Supervision of normal first pregnancy <ul style="list-style-type: none"> <li>Patient seen for first pregnancy</li> </ul>
V22.1	Supervision of other normal pregnancy (i.e., second, third, etc.)
V23.8	Other high-risk pregnancy <ul style="list-style-type: none"> <li>Management of high-risk pregnancy</li> </ul>
V23.9	Supervision of unspecified high-risk pregnancy <ul style="list-style-type: none"> <li>Management of high-risk pregnancy</li> </ul>

ICD-9-CM diagnosis codes are scheduled to be replaced with ICD-10-CM codes by 10/01/2013 in the U.S. Contact the U.S. Department of Health and Human Services for more information.

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CPT® Codes	
Test Product	
Code	Description
86689	Antibody; HTLV or HIV antibody; confirmatory test (e.g., Western Blot)
86701	Antibody; HIV-1
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
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; HIV-1
Test Administration	
Code	Description
34615	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

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## Medicare

### Determining the Appropriate Primary ICD-9 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-9 diagnosis code. The results of the test, if reported, may be recorded as additional diagnoses.

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-9-CM diagnosis codes.

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### Accompanying diagnosis codes

- For beneficiaries reporting increased risk factors, use **HCPCS** code **G0432**, **G0433**, or **G0435** with diagnosis code **V73.89** (“**Special screening for other specified viral disease**”) as primary; with diagnosis code **V69.8** (“**Other problems related to lifestyle**”) as secondary.  
or
- For beneficiaries not reporting increased risk factors, claims shall contain **HCPCS** code **G0432**, **G0433** or **G0435** with diagnosis code **V73.89** only.

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

**Note:** Medicare now 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.

\*\* The information included in the provided tables was obtained through the American Medical Association and the American Academy of HIV Medicine.

## Resources

### American Medical Association

[www.ama-assn.org](http://www.ama-assn.org)

### American Academy of HIV Medicine

[www.aahivm.org](http://www.aahivm.org)

### HIV Medicine Association

[www.hivma.org](http://www.hivma.org)

### National Clinicians’ Consultation Center

[www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)

### Centers for Disease Control and Prevention

[www.cdcnpin.org](http://www.cdcnpin.org)

### Centers for Medicare and Medicaid Services

[www.cms.gov/center/coverage.asp](http://www.cms.gov/center/coverage.asp)

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**Disclaimer:** This guide was prepared as a service to the public and is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

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