

MAXIMIZING THIRD PARTY REIMBURSEMENT FOR HIV TESTING

Integrating HIV Screening Into Title X Services



Family Planning
National Training Centers
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INTRODUCTION

HIV screening services are a core family planning service, and all individuals aged 13-64 in all health settings should be tested for HIV per CDC guidelines.^{1,2} To finance the delivery of HIV testing services in the family planning setting, service sites should engage in activities to maximize reimbursement from health insurance plans (i.e., payers) for clients who are insured. This guide is intended to support Title X Grantees, and their sub-recipient and service sites, to:

- Identify the nuances of coverage for HIV-related services for the 10 largest payers in your state
- Identify the ICD-10 and CPT billing codes for HIV testing and related services
- Consider how to code routine and rapid HIV testing in the family planning clinic setting through case scenario practice

The guide walks users through a process for identifying the top 10 payers (i.e., health insurance plans) for a given state or area, and gathering key information from each that may impact reimbursement for providing HIV testing services (e.g., requirements associated with co-pays or deductibles, correct billing codes to use, rate of reimbursement, and health insurance coverage limitations) to insured clients.

HOW TO USE THIS GUIDE

The guide should be customized for your family planning provider network (or your clinic, if you are working at the service site level). Once customized, this guide can be used as a stand-alone document that can be posted on relevant websites, distributed via email, or printed and disseminated to members of your family planning provider network to support activities to ensure maximum reimbursement for HIV testing services.

WHO SHOULD USE THIS GUIDE

The intended audience for the guide is Title X Grantee, sub-recipient and service site staff who either support their provider network or clinic in activities to maximize revenue or have direct responsibilities for health insurance contracting and billing activities.

PAYER SOURCES

The best place to start is by identifying your state or area's Top 10 payers and contacting each to collect a core set of information from them. The table on the next page will help you do that. It should be filled in with information specific to your state's individual health insurance plans' preventive services coverage for HIV testing. Follow the steps listed below to fill in the table.

CONDUCT RESEARCH

- STEP 1** Determine the most frequently utilized payers for your provider network (i.e., the "Top 10").
- STEP 2** Obtain contact information for each payer's representative. Contact Customer Service and request contact information.
- STEP 3** Gather all CPT (i.e., procedure codes) and ICD-10 (i.e., diagnosis codes) codes for which you want coverage information. Refer to Table 2, ICD-10 Diagnosis Codes and Table 3, CPT Codes, and adapt tables to include all relevant codes being used by your network or site(s) and recommended by your identified payers. Tables 2 and 3 include spaces to add any relevant codes.

CONTACT EACH PAYER'S REPRESENTATIVE

- STEP 4** Ask whether CPT (i.e., procedure codes) are reimbursed under a preventive benefit. Cost-sharing and deductible amounts are often different than those for disease management.
- STEP 5** Ask whether only certain diagnosis codes are covered for these services. Verify your chosen ICD-10 codes are valid for reimbursement. If written coverage information is available ask for a written copy.
- STEP 6** Request cost-sharing and deductible amounts and whether or not these apply for preventive services.
- STEP 7** Document date-of-benefit and representative contact information.
- STEP 8** Re-verify this information with all payers annually. Contact payer sooner if legislation is passed regarding HIV services or denial rates increase.

TABLE 1. TOP 10 PAYERS FOR YOUR STATE

INDIVIDUAL HEALTH INSURANCE PLANS' PREVENTIVE SERVICES COVERAGE FOR HIV TESTING					
COMPANY (Name, contact information including phone number, email address, or policy number)	COST SHARING (Does the client have a copay?)	DEDUCTIBLE (Amount the client must pay each year before receiving benefits)	REIMBURSEMENT (Rate that the insurer will process the claim, e.g., 80% of allowed amount)	COVERAGE LIMITATIONS (e.g., benefit only covered once per year, only covered for certain age groups, etc.)	DATE OF VERIFICATION (Date that payer was contacted for reimbursement and coverage details)

TABLE 1. TOP 10 PAYERS FOR YOUR STATE (CONTINUED)

INDIVIDUAL HEALTH INSURANCE PLANS' PREVENTIVE SERVICES COVERAGE FOR HIV TESTING					
COMPANY (Name, contact information including phone number, email address, or policy number)	COST SHARING (Does the client have a copay?)	DEDUCTIBLE (Amount the client must pay each year before receiving benefits)	REIMBURSEMENT (Rate that the insurer will process the claim, e.g., 80% of allowed amount)	COVERAGE LIMITATIONS (e.g., benefit only covered once per year, only covered for certain age groups, etc.)	DATE OF VERIFICATION (Date that payer was contacted for reimbursement and coverage details)

DIAGNOSIS CODES

The following table includes a list of ICD-10 diagnosis codes that may be used when providing family planning services that include HIV testing services to clients. This list is not intended to be exhaustive. Consider adapting or using this list during calls with payers to identify appropriate diagnosis codes to use to maximize reimbursement opportunities. Spaces are provided to add additional ICD-10 diagnosis codes as needed.

TABLE 2. ICD-10 DIAGNOSIS CODES

ICD-10-CM DIAGNOSIS CODES	DESCRIPTION	SITUATION
Z00.00	Encounter for general adult medical exam without abnormal findings	Patient seen for a head-to-toe general health checkup
Z00.01	Encounter for general adult medical exam with abnormal findings	* Report any abnormal findings * Report Z12.4 (screening for malignancy of cervix) if Pap is taken during this visit
Z01.419	Encounter for gynecological examination without abnormal findings	Patient seen for routine GYN exam
Z01.411	Encounter for gynecological examination with abnormal findings	* Report any abnormal findings * No need to report Z12.4, included if performed
Z11.4	Encounter for screening for HIV	Asymptomatic patient is tested to determine HIV status * May be reported in conjunction with wellness visits * If symptoms exist that point to possible HIV, report symptoms instead of screening * Use additional codes to identify any high risk behavior
Z72.89	Other problems related to lifestyle	Patient in a known high-risk group for HIV * May be used with symptom codes, wellness codes, or screening code
Z71.7	HIV counseling	Patient is counseled regarding HIV when: Here for screening and counseling is provided Returns for results and test result is negative
Z21	Asymptomatic HIV infection status	Patient returns for results of HIV screening with positive test results and is currently without symptoms Patient has known positive HIV status and returns for surveillance of disease without symptoms and without any previous HIV related illness
B20	HIV disease	Patient with known HIV disease who has or has ever had an HIV related illness Patient returns for test results which are positive and patient is symptomatic
Z72.51	High risk heterosexual behavior	Used to indicate high risk sexual behavior in a heterosexual patient * May be used with any other code to indicate behavior
Z72.52	High risk homosexual behavior	Used to indicate high risk sexual behavior in a homosexual patient * May be used with any other code to indicate behavior

TABLE 2. ICD-10 DIAGNOSIS CODES (CONTINUED)

ICD-10-CM DIAGNOSIS CODES	DESCRIPTION	SITUATION
Z72.53	High risk bisexual behavior	Used to indicate high risk sexual behavior in a bisexual patient * May be used with any other code to indicate behavior
R75	Inconclusive laboratory evidence of HIV	Lab values for HIV testing are abnormal but not conclusive

CPT CODES

The following table includes a list of CPT codes that may be used when providing family planning services that include HIV testing services to clients. This list is not intended to be exhaustive. Consider adapting or using this list during calls with payers to identify appropriate CPT codes to use to maximize reimbursement opportunities. Spaces are provided to add additional CPT codes as needed.

TABLE 3. CPT CODES

CPT Codes Test Product	
CODE	DESCRIPTION
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	Antibody; HIV-1

TABLE 3. CPT CODES (CONTINUED)





CPT Codes Test Product	
CODE	DESCRIPTION
86703	Antibody; HIV-1 and HIV-2, single result
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, includes reverse transcription when performed
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-1
Test Administration	
36415	Collection of venous blood by venipuncture
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory (check with payers, coverage may vary)
Office Visit	
99385	Initial comprehensive preventive medicine evaluation and management, new patient, age 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management, new patient, age 40-64 years
99395	Periodic comprehensive preventive medicine reevaluation and management, established patient, age 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management, established patient, age 40-64 years

TABLE 3. CPT CODES (CONTINUED)






Office Visit	
99212-99215	Office or other outpatient visit for the evaluation and management of an established patient
99201-99205	Office or other outpatient visit for the evaluation and management of a new patient
99211*	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

CODING SCENARIOS FOR ROUTINE AND RAPID HIV TESTING IN THE FAMILY PLANNING SETTING

The following presents a series of case scenarios intended to detail typical family planning visits that might include HIV testing services. Review each scenario and identify the most appropriate ICD-10 and CPT codes to use (refer to the descriptive ICD-10 and CPT Code tables to identify the set of codes that best reflect the status of the patient being tested and that will maximize reimbursement).

EXAMPLES	CODES
 EXAMPLE 1	26 yo female here for refill of oral contraceptives, requests STI check. She doubts her boyfriend has been faithful. Clinician performs a rapid Stat Pak HIV test. CPT Codes: 99212-99215 86703 (modifier 92, add 36415 if blood sample is drawn) ICD-10 Dx Codes: Z30.41, Z11.4 or Z71.7 or Z21; Z11.3 and/or Z11.8 (for additional STI screens)
 EXAMPLE 2	38 yo male (new patient) wants STI check due to unprotected sexual encounter with a new male partner. Clinician chooses 4th Generation test. HIV counseling is provided. CPT Codes: 99201-99205 87389, 86701, 86703, and 87535, as appropriate, 36415 ICD-10 Dx Codes: Z11.4 or Z71.7 or Z21, Z72.52
 EXAMPLE 3	24 yo with new vaginitis, clinician suggests pt should also have screening for HIV. Clinician orders OraQuick rapid HIV test. CPT Codes: 99212-99215 86703 (modifier 92) ICD-10 Dx Codes: N76.0, Z11.4 or Z71.7 or Z21
 EXAMPLE 4	18 yo female (new pt) with positive urine pregnancy test today is screened for HIV as per state requirements. Since her follow-up isn't certain, clinician chooses rapid HIV test. CPT Codes: 99201-99205 86701 or 86703 (modifier 92) 81025 ICD-10 Dx Codes: UPT Positive result Z32.01, Z11.4 or Z71.7 or Z21

* Often referred to as nurse visit, must be an established patient with treatment plan in place for today's problem.

EXAMPLES	CODES
 EXAMPLE 5	1st visit: 36 yo male presents for HIV screening since he heard a previous partner was now HIV positive. A rapid HIV is performed with positive results, so a confirmatory test with blood sample is drawn today. 2nd visit: Patient returns for results, which unfortunately are positive. Counseling is provided and referrals are made to definitive care sources. 1st visit: CPT Codes: 99201-99205 86701 or 86703 (modifier 92) 86689 36415 ICD-10 Dx Codes: R75 2nd visit: CPT Code: Since 25 minute visit was dominated by counseling, clinician reports 99214, documenting total time face-to-face, that greater than 50% was counseling, and content of discussion. ICD-10 Dx Codes: Z21
 EXAMPLE 6	40 yo receives counseling regarding negative results. The entire 15 minute visit was spent counseling the patient about when to retest, possibility of false negative results, and prevention strategies. CPT Code: 99213 ICD-10 Dx Codes: Z71.7
 EXAMPLE 7	32 yo new patient who is a current IVDA requests condoms. Clinician convinces pt to have HIV screening due to high risk heterosexual behavior. 4th Generation testing ordered. CPT Codes: 99201-99205 87389, 86701 or 86703 and 87535, as appropriate ICD-10 Dx Codes: Z30.09, F11.10 (heroin abuse, uncomplicated), Z11.4 or Z71.7 or Z21, Z72.51
 EXAMPLE 8	Routine GYN exam (no abnl findings) with established 22 yo female who admits to unprotected sex with both male and female partners, greater than 10 lifetime partners. Clinician performs rapid HIV test. She also receives a Pap smear, which is sent to an outside lab. CPT Codes: 99395 86701 or 86703 ICD-10 Dx Codes: Z01.419, Z72.53, Z11.4 or Z71.7 or Z21
 EXAMPLE 9	19 yo new pt requests STI screening, including HIV testing. Pt has no symptoms. Clinician counsels pt for the majority of a 20 minute visit on safe sex practices to avoid STIs and HIV. Pt chooses condoms as family planning method. CPT Codes: 99202 86701 or 86703 (modifier 92, other screening tests as appropriate) ICD-10 Dx Codes: Z30.09, Z11.4 or Z71.7 or Z21, Z11.3 (screening for infections with a predominantly sexual mode of transmission), Z11.8 (screening for chlamydia), as appropriate

REFERENCES

- 1 Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- 2 CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR-14).
- 3 ICD-10-CM 2016 Official Guidelines for Coding and Reporting
- 4 CPT 2016 Evaluation and Management Services Guidelines
- 5 American Medical Association, American Academy of HIV Medicine. Coding Guidelines for routine HIV testing in health care settings. SDA: 10-0277.pdf:8/10:jt
- 6 U.S. Preventive Services Task Force <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening>
- 7 www.cdc.gov/hiv/testing

