Coverage Guide for HIV Testing

There are approximately 1.2 million people living with HIV in the United States; an estimated 14% (or 168,000) are unaware of their infection. The number of new infections has remained steady at about 50,000 cases per year. Ensuring that all those living with HIV are aware of their status is critical to both their individual health and the public health. HIV-positive individuals aware of their status are able to engage in care and life-saving treatment and have improved health care outcomes the sooner the virus is detected and they are linked to care and treatment. Additionally, people who are aware of their HIV-positive status are more likely to take steps to avoid future transmission. When a person is on treatment and has an undetectable viral load, the chance of HIV transmission is very low thus making treatment a form of prevention. The first step in realizing these positive outcomes is to make individuals aware they are HIV- positive through HIV testing.

One of the barriers to HIV testing, specifically routine HIV testing, has been its cost. Fortunately, through a combination of a recommendation in strong support of routine HIV testing and the Affordable Care Act (ACA), there is greater coverage of HIV testing by various payers of health care.

New Coverage Opportunities and the USPSTF

- Under health reform, millions of people are gaining access to health coverage through an optional state expansion of Medicaid, private insurance Marketplaces, and insurance reforms. Included in this coverage expansion is access to free or low-cost preventive services.
- The United States Preventative Task Force (USPSTF), an independent government supported body, reviews and grades preventative services. Grades by the USPSTF are key to coverage. Under the ACA, Medicaid, and private insurance are either required or incentivized to cover "A" and "B" graded services. Medicare coverage is permitted following a national coverage determination process.
- In April, 2013, the USPSTF revised its recommendation for routine HIV testing for those aged 15-65 recommending an "A" grade and reaffirming its previous "A" grade for pregnant women. The USPSTF also gave an "A" grade for those at increased risk for HIV under age 15 and over age 65. (Previously, the "A" grade recommendation only applied to those "at increased risk" for HIV and pregnant women.)
- This grade change acknowledges the benefits of routine HIV testing and the drawbacks to relying only on risk-based testing. It is an important step forward in the fight against HIV/AIDS. Now, it is essential that medical providers implement the USPSTF recommendation and offer routine HIV testing to their patients. It is also important for primary care clinics and health departments that provide HIV testing to bill for these services. Reimbursement of HIV testing reduces one barrier to making routine HIV screening a reality.

Below is a guide to how each major health care payer covers preventive services and specifically, HIV testing.

Private Insurance

- The ACA requires most private insurance plans in the individual and group markets to cover "A" and "B" graded services without cost-sharing. This requirement does not apply to grandfathered plans, which are plans that existed before enactment of the ACA and that have not undergone major changes.
- All non-grandfathered plans must cover HIV screening for pregnant women and those "at increased risk" based on the previous "A" grade USPSTF recommendation, and must cover routine HIV screening outlined in the new USPSTF recommendation.
- Under the ACA, non-grandfathered private insurance plans are also required to cover a set of "Women's Preventative Services" defined by the Secretary of HHS without cost-sharing. Annual HIV screening and counseling for sexually active women was identified as one of the eight preventive services identified that must be covered.

Medicaid (Traditional)

- There are various ways that HIV testing can be covered in traditional Medicaid, depending on whether such testing is considered medically necessary, and whether a state has elected to cover preventive services without cost-sharing.
- Under the Social Security Act, state Medicaid programs must cover medically necessary laboratory services under the Social Security Act. This includes medically necessary HIV testing for adults.
- States can also elect to cover testing on a routine basis. (In order to learn what each state covers see a study by the Kaiser Family Foundation at http://kff.org/hivaids/fact-sheet/state-medicaid-coverage-of-routine-hiv-screening.)
- Further, the ACA incentivizes states to cover all USPSTF "A" & "B" services (including routine HIV testing) by offering the state a 1% increase in federal matching payments for coverage of these preventive services without cost-sharing. As of April 2015, 11 states (CA, CO, DE, HI, KY, NH, NJ, NV, NY, OH and WI) have been approved to receive this increased funding for expanding preventive coverage, and therefore cover, without cost-sharing, HIV testing for pregnant women, those aged 15-65, and for those outside that age group who are at an increased risk.

Medicaid (Expanded)

- States that expand their Medicaid program to include all those living below 138% of the federal poverty level provide additional coverage opportunities for preventive services.
- Medicaid expansion plans must cover all "A" and "B" grade services as well as Women's Preventative Services without cost-sharing.
- Therefore, those enrolled in Medicaid expansion plans have coverage of routine HIV testing as recommended by the USPSTF.

Medicare

- The Medicare Improvements for Patients and Providers Act of 2008 allows Medicare to cover "A" & "B" graded preventive services after undergoing a coverage determination.
- The ACA removes beneficiary cost-sharing for these preventive services.
- 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 copayment, 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.

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