

American Academy of HIV Medicine

Paying for Routine HIV Testing

Reimbursement, Coverage, and Other Considerations

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The Centers for Disease Control and Prevention (CDC)

Enhanced Testing Initiative

Expanded Human Immunodeficiency Virus (HIV)
Testing for Disproportionately Affected Populations



CDC Expanded HIV Testing Initiative

Expanded Testing Initiative (*PS 07-768 “Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans”*)

- In 2007, CDC launched the Expanded HIV Testing Initiative which aimed to test more than 1.5 million persons for HIV and identify 20,000 undiagnosed HIV infections annually for three years.
- The program targets Black/African American populations disproportionately affected by HIV with the goal of increasing the proportion of HIV-infected persons in these populations who are aware of their infection and are linked to appropriate services.

CDC Expanded HIV Testing Initiative

- The jurisdictions eligible for the ETI funding accounted for 95 percent of all AIDS cases among African Americans in 2005.
- During the first year, 86% of testing occurred in clinical settings.
- Testing venues include emergency departments, inpatient and urgent care settings, STD clinics, corrections facilities, substance abuse programs, TB clinics, community health centers, and other venues.

CDC Expanded HIV Testing Initiative

- In the first two years (Oct 2007 through Sept 2009), the ETI facilitated more than 1.4 million tests and identified more than 17,000 positives in 25 jurisdictions
 - 10,500 were new diagnoses
- Testing is only the entry point. ETI also emphasized linkage to care
 - More than 75% of persons who tested positive for the first time were linked to medical care, and nearly 80% received partner services to help notify and ensure that their partners get tested.

CDC Expanded HIV Testing Initiative

Expanded Testing Initiative (PS10-10138: Expanded HIV Testing for Disproportionately Affected Populations)

- **In April 2010, the CDC expanded the program to other populations disproportionately affected by HIV:**
 - African American /Black men and women
 - Hispanic/Latino men and women
 - Men who have sex with men (MSM) regardless of race or ethnicity
 - Injection drug users (IDUs), regardless of race or ethnicity
- **Five new jurisdictions were also included: Alabama, Arizona, Illinois, Puerto Rico, and San Francisco**

CDC Expanded HIV Testing Initiative

Funding:

- In many jurisdictions, ETI funding comes from a “blending” of CDC funds with state, local and/or other federal funding to support ETI activities
- Particularly in clinical venues such primary care facilities, programs need assurances that their programs will be able to maintain funding from either grants or billing streams (e.g. Medicare, Medicaid or other insurance) as they move forward

CDC Expanded HIV Testing Initiative

Funding:

- The Federal Budget and Appropriations
 - President proposes a Federal Budget for all federal agencies
 - Federal Budget is passed into law by Congress
 - Appropriations are determined by Congress.
- Domestic Discretionary programs
 - CDC (**ETI**)
- Entitlement Programs
 - Medicare and Medicaid (State–matched funding)

CDC Expanded HIV Testing Initiative

Funding:

- Federal Budget and Appropriations
 - President proposes a Federal Budget for all federal agencies
 - January 2010 – President announces a three year spending freeze on most domestic discretionary programs
 - Federal Budget - passed into law by Congress
 - FY11 Budget process stalled
 - Appropriations are determined by Congress.
 - FY 2011 Appropriations on hold until after November election
- Entitlements
 - Medicare and Medicaid
 - The Economy / State Budgets

CDC Expanded HIV Testing Initiative

Funding: (appropriations)

- In FY2009, the ETI was funded at \$53.3 million through appropriations. The states received \$40.2 million in grants.
- In FY2010, the ETI was funded at \$65.3 million through Congressional appropriations. The states were due to receive \$47.5 million, but later CDC announced additional funding, raising the amount to \$55.6 million.
- When funding was released from the Prevention and Public Health Fund, the states got an additional \$4.4 million (FY2010 funds). Total amount to \$60 million.

Medicare

Medicare, Health Reform, and HIV Testing



HIV Testing under Medicare

Previous Status

- Under the Medicare Improvements for Patients and Providers Act (MIPPA)
 - CMS authorized to add coverage of "additional preventive services" if certain statutory requirements are met
 - One of those requirements is that the service(s) be categorized as a grade A (strongly recommends) or grade B (recommends) rating by the US Preventive Services Task Force (USPSTF)
 - The USPSTF strongly recommends screening for all adolescents and adults at risk for HIV infection, as well as all pregnant women

HIV Testing under Medicare

Previous Status:

- MIPPA expanded coverage of preventive services
 - A National Coverage Determination (NCD) identified HIV testing as a covered preventive service, but only for beneficiaries who are:
 - deemed to be at risk for HIV,
 - pregnant women
 - those who ask for the test.
 - Medicare did not include coverage for:
 - *those in areas in which the prevalence of HIV is greater than 1 percent*
 - *in high risk clinical settings* even though those groups were included in the “A” grade by the USPSTF.
- CMS at a minimum should bring Medicare’s coverage in line with the approved USPSTF recommendation.

HIV Testing under Medicare

CMS National Coverage Determination

- March 2010 - CMS released a National Coverage Determination announcing Medicare coverage of HIV testing for those “at risk” & pregnant women
 - *“CMS determines that the evidence is adequate to conclude that screening for HIV infection is reasonable and necessary for early detection of HIV”*

HIV Testing under Medicare

- CMS will cover both standard and FDA-approved HIV rapid screening tests
 - One, annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection per USPSTF guideline
 - Three, voluntary HIV screenings of pregnant Medicare beneficiaries at the following times: (1) when the diagnosis of pregnancy is known, (2) during the third trimester, and (3) at labor

HIV Testing under Medicare

- CMS established new **HCPCS codes (“G codes”)** to bill for HIV screening of Medicare beneficiaries
 - **G0432** - Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening,
 - **G0433** - Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening, and,
 - **G0435** - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening.
- Claims should be submitted with the following **diagnosis codes**:
 - When increased risk factors are reported, V73.89 [*other specified viral diseases*] as primary, V69.8 [*other problems related to lifestyle*] as secondary
 - When increased risk factors are *not* reported, V73.89 as primary only

HIV Testing under Medicare

Concerns:

- G codes place emphasis on lifestyle as related to risk for infection.
- CDC recommends routine HIV testing as a routine part of medical care for all individuals ages 13-64 in all health care settings. After age 64 those at risk be tested at least once a year.
 - CMS is basing their coverage on the USPSTF recommendations and definitions, not CDC recommendations.

HIV Testing under Medicare

CPT Coding Guide

CPT Codes

CPT® codes

Test product		
Code	Rapid test modifier	Description
86689		Antibody; HTLV or HIV antibody, confirmatory test (e.g. Western Blot)
86701	92	Antibody; HIV-1
86702	92	Antibody; HIV-2
86703	92	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	
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	HIV counseling for patients with positive test results; office or other outpatient visit for the evaluation and management of an established patient

Situation	Code	Description
Patient seen as part of a routine medical exam	V70.0	Routine general medical examination at a health care facility
Patient seen to determine his/her HIV status (can be used in addition to routine medical exam)	V73.89	Special screening for other specified viral diseases
Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam)	V69.8	Other problems related to lifestyle
Counseling provided during the encounter for the test (add additional code if applicable)	V65.44	HIV counseling
Returning patient informed of his/her HIV negative test results	V65.44	HIV counseling
Returning patient informed of his/her HIV positive test results AND patient is asymptomatic	V08	Asymptomatic HIV infection status
Returning patient informed of his/her HIV positive test results, AND patient is symptomatic	042	HIV disease
HIV counseling provided to patient with positive test results	V65.44	HIV counseling

<http://www.aahivm.org/>

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

- Two key provisions of ACA relating to HIV Testing:
 - Annual Wellness Visit:
 - Medicare will cover the cost of an annual wellness visit with a physician at no expense to beneficiaries (Section 4103)
 - Expanded Coverage for Preventive Services:
 - Medicare beneficiaries will no longer have to pay any out-of-pocket costs for preventive services that receive an “A” or “B” grade from the USPSTF (Section 4103)
- These provisions will take effect on January 1, 2011.
 - Summer 2010, HHS undertook rulemaking process to implement these provisions of the Affordable Care Act.
 - Due to be finalized by November 1, 2010.

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

Expanded Coverage for Preventive Services: Medicare beneficiaries will no longer have to pay any out-of-pocket costs for preventive services that receive an “A” or “B” grade from the USPSTF (Section 4103)

- ACA’s focus on prevention
 - Opportunity for Medicare’s implementation of routine HIV testing
(CDC recommends: Everyone aged 13 to 64 receiving services in a medical setting should be offered a voluntary HIV test with appropriate counseling at least once per year.)
- National HIV/AIDS Strategy (NAS) goal to increase by 2015 the number of people with HIV who know their status 90 percent
 - Including routine HIV testing within the Medicare program will help the nation reach this goal.

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

Annual wellness visit : Medicare will cover the cost of an annual wellness visit with a physician at no expense to beneficiaries.

- Patient and doctor will develop a personalized prevention plan that takes a comprehensive approach to improving patient health
 - Includes a personal risk assessment, and setting up a schedule for Medicare's screening and preventive services for the next 5 to 10 years
- Preventive services that Medicare currently covers will be provided free of charge to the patient, including:
 - HIV screening tests for people of who are at increased risk or who ask for the test

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

Annual wellness visit

- **For Medicare beneficiaries with HIV/AIDS** - the potential to greatly improve basic care for HIV-positive individuals:
 - Personalized prevention plan
 - Personalized assessment of optimal care and treatment options
 - Appropriate prevention interventions and referrals
- **Recommendations** (*could be included as part of the services included in the beneficiary's personalized prevention plan*):
 - A voluntary HIV test and appropriate counseling
 - Inclusion of sexual health history
 - Screening for other sexually transmitted infections (Hepatitis B & C)
 - Thorough assessment of an individual's risk factors
 - Substance abuse or drug use history

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

Incentive Payment Program for Primary Care Services

- 10% increased incentive payment under the Medicare program to primary care practitioners
 - Excludes HIV clinicians whose primary designation is in Infectious Diseases
 - Recommendation: Allow HIV physicians to earn the primary care incentive payment if they meet the criteria of billing 60% of their practice in primary care services.
- 60% primary care requirement
 - Primary care providers only qualify for the enhanced payments if they bill at least 60 percent of their services in primary care
 - Concern: Few HIV providers of any type may qualify for the enhanced payments, if all Medicare Part B charges (including labs and others tests) are included in calculating the 60% threshold

HIV Testing under Medicare

Health Reform: the Affordable Care Act (ACA)

Workforce

- Provisions contained in the Affordable Care Act to strengthen primary care services and address primary care workforce shortages
 - Failure to include all HIV medical providers in efforts to address reimbursement disparities in the Medicare program may contribute to the disparities in HIV care
 - Inadequate payment levels may impact availability of qualified HIV providers the ability to draw new practitioners into HIV workforce

HIV Testing under Medicare

Medicare

- Covers approximately one-fifth of people living with HIV who are receiving care in the United States, and represents nearly 40% of federal spending on HIV care.
- Medicare *is* HIV
 - Prevention
 - Care and Treatment
 - Reimbursement
- Testing
- HIV Care and Treatment
- Reimbursement

Conclusion

