Wellness Wednesday: Screening for Human Immunodeficiency Virus

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Today's Presenters

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Objectives

- Provide an overview of the Medicare HIV screening benefit
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing to avoid claim denials

Agenda

- Overview of Medicare's preventive services program
- HIV screening
- Resources and references
- Questions and answers

Polling Question #1

- What is your role in the Medicare Program for your facility?
  - Biller
  - Clinician
  - Intake/admissions
  - Compliance
  - Administrator

Polling Question #2

- How many years of Medicare experience do you have?
  - I am new to Medicare
  - 1-5 years
  - 6-10 years
  - Over 10 years

Polling Question #3

- How experienced are you with performing, documenting, and/or billing Medicare preventive services?
  - This is all new to me!
  - I am semi-comfortable but ready to learn more
  - I am pretty comfortable but will benefit from this as a refresher course

Preventive Services Overview

- Medicare pays for many preventive benefits,
- Preventive services support the health of Medicare beneficiaries by:
  - Educating about potentially life-saving services and screenings
  - Early detection and/or prevention of diseases
  - Assisting with/suggesting lifestyle modifications

Did You Know…

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

HIV Screening Benefit

Did You Know…

- More than half of new HIV infections are transmitted by individuals unaware of their HIV status

Background

- Effective for claims with DOS on/after 12/8/2009
- CMS determined that screening for HIV infection reasonable and necessary for early detection of HIV

Benefits of HIV Screening

- Awareness of HIV status
- Decrease in spread of disease
- Assists medical community in identifying trends, gathering data

HIV Screening Coverage

- Medicare can pay for this screening for:
  - All adolescents and adults between the age of 15-65 without regard to perceived risk
  - All adolescents younger than 15 and adults older than 65 who are at increased risk
  - Pregnant beneficiaries, including when:
    - Present in labor untested
    - HIV status unknown

HIV Screening Coverage

- Not eligible for HIV screening:
  - Beneficiaries with any known prior diagnosis of HIV-related illness

Increased Risk Criteria for HIV

- Men who have sex with men
- Unprotected intercourse – vaginal or anal
- Past or present injection drug use
- Sex in exchange for money or drugs or who have partners who do
- Sex partners who were HIV-infected, bisexual, or injection drug users
- Acquired or request testing for other STIs/STDs
- Blood transfusion between 1978-1985
- By patient request with no other risk factors

Increased Risk Criteria for HIV

- New sexual partners
- Deemed at increased risk by health care practitioner after individualized interview and examination
  - Assessment of patient history
  - Can be part of Annual Wellness Visit

HIV Screening Coverage

- Performed with appropriate FDA-approved laboratory tests and point-of-care tests
  - Consistent with FDA labeling
  - In compliance with CLIA regulations
- Must be ordered by beneficiary's physician or practitioner within context of healthcare setting
- Must be performed by eligible Medicare provider for these services

Frequency of Coverage

- Once annually when patient meets benefit coverage criteria and not pregnant
  - Eleven full months passed since last covered screening
    - Next eligible date posted on all CWF provider inquiry screens
- Pregnant beneficiaries
  - Maximum of three times per term of pregnancy
    - When the diagnosis of pregnancy is known
    - During the third trimester
    - At labor, if ordered by clinician

Documentation

- Document all coverage requirements met
  - Date of last screening (when applicable)
  - Risk factor(s)
  - If done by patient request
  - Pregnancy status (females)

Diagnosis Code Billing Requirements

- All claims must have Z11.4 (Encounter for screening for human immunodeficiency virus [HIV]) as primary diagnosis
- Multiple diagnosis codes required on claims depending on reason for screening
  - At least two diagnosis codes required:
    - Increased risk factors reported
    - Pregnancy

Diagnosis Code Billing Requirements

- Increased risk factors not reported
  - Z11.4
- Increased risk factors reported (two required)
  - Z11.4 AND
  - Z72.51, Z72.52, Z72.53, or Z72.89
- Pregnant Medicare beneficiaries (two required)
  - Z11.4 AND
  - Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, or O09.93

TOBs and Revenue Codes

Facility	TOB	Revenue Code
Hospital inpatient Part B (including CAH)	12X	030X
Hospital outpatient	13X	
Hospital nonpatient laboratory specimens	14X	
SNF Inpatient Part B	22X	
SNF Outpatient	23X	
CAH	85X	

HCPCS/CPT Codes

HCPCS Codes	Description
80081	Obstetric panel (includes HIV testing)
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

HCPCS Codes

HCPCS Codes	Description
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening.
G0475	HIV antigen/antibody, combination assay, screening

Billing Instructions for FQHC

- HIV screening does not qualify as stand-alone billable encounter
  - Report on separate line as incident to billable encounter
    - Reimbursement included in PPS payment
  - If only service performed on DOS, do not submit claim

HIV Screening in an RHC

- Laboratory services are not within the scope of RHC benefit
  - Provider-based RHCs who furnish test apart from RHC may bill using base provider ID
  - Individual practitioner at free-standing RHC bills carrier/Part B MAC using provider ID

Payment

Facility	Payment
Hospital	Clinical laboratory fee schedule
SNF	Clinical laboratory fee schedule
CAH	Reasonable cost

Beneficiary Cost-Sharing

- Affordable Care Act Section 4104
  - Deductible waived
  - Coinsurance/copayment waived

Why Claims are Denied

- Beneficiary received additional screening in 12-month period
- Pregnant beneficiary received more than three screenings within current pregnancy

Resources and References

CMS Resources

- CMS Internet Only Manuals
  - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
- National Coverage Determinations
- Preventive services web pages

CMS Resources

- Change Requests
- MLN Matters Articles
- MLN Products
  - Preventive Services Educational Products web page
  - MLN Products Catalog
  - Web-based training

MLN Matters® Articles and Products

- *Screening for the Human Immunodeficiency Virus (HIV) Infection*
  - MM9980 Revised
  - MM9403
  - MM6786

CMS IOMs

- CMS IOM Publications
  - 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Section 210.7 – Human Immunodeficiency Virus (HIV) Screening Tests
  - 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 130 – Screening for the Human Immunodeficiency Virus (HIV) Infection

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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