



# Wellness Wednesday: Screening for Human Immunodeficiency Virus (HIV)

September 27, 2023





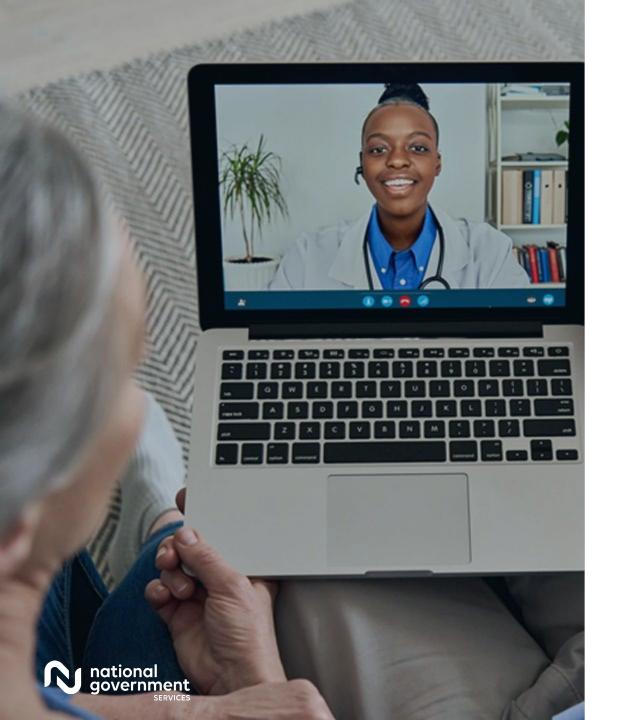
# Today's Presenter



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#### Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

#### Objective

- Provide an overview of Medicare preventive services: screening for hepatitis C virus (HCV)
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided



# Agenda

Overview of Medicare's Preventive Services Program

**HIV Screening** 

#### Wrap Up

- Resources and References
- Questions







# Polling Question One

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





# Polling Question Two

- 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 Three

- 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

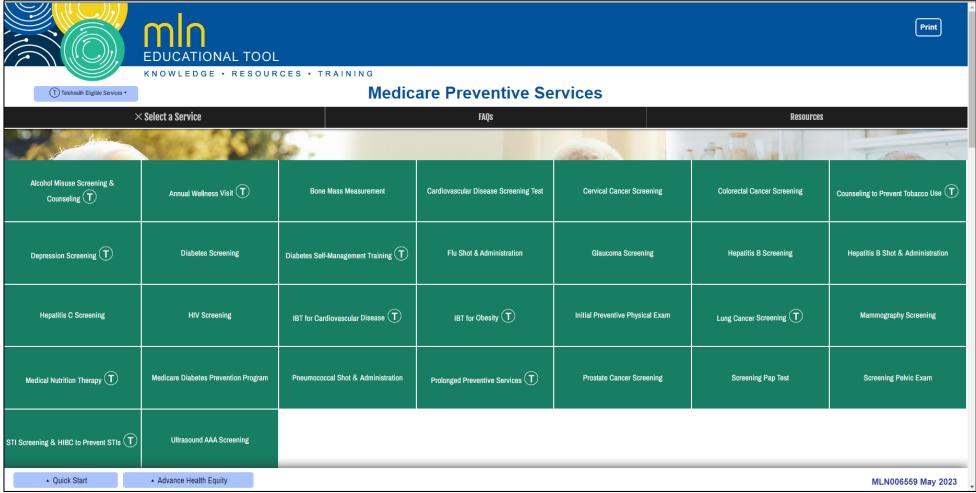
 CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries

 Medicare pays for many preventive benefits, including educating Medicare beneficiaries about potentially life-saving services and screenings





# Medicare Preventive Services Educational Tool





# Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on or after 1/1/2011
  - Medicare deductible and coinsurance waived for preventive services included in this presentation
  - <u>CR 7012</u>, "Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare"





#### Did You Know...

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





#### Centers for Disease Control and Prevention

One of major operating components of DHHS

- Nation's premier health promotion, prevention and preparedness agency
  - Supports state, local, federal health departments
  - Implements measures to decrease leading causes of death
  - Reforms health policies





# HIV Screening

#### 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





#### Who is Covered?

- Medicare reimburses 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



#### Who is NOT Covered?

 Beneficiaries with any known prior diagnosis of HIV-related illness are NOT eligible for HIV screening





#### 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 Guidelines

- Performed with appropriate FDA-approved laboratory tests and pointof-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

- Patients who meet benefit coverage criteria (not pregnant)
  - Once annually
    - ✓ 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

 Primary diagnosis must be Z11.4 (Encounter for screening for human immunodeficiency virus [HIV])

- At least two diagnosis codes required on claims when
  - 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





# Applicable Bill Types

ТОВ	Facility Type
12X	Hospital inpatient Part B, including CAH
13X	Hospital outpatient
14X	Hospital nonpatient laboratory specimens
22X	SNF inpatient Part B
23X	SNF outpatient
85X	CAH





#### Revenue Code and HCPCS/CPT Codes

- Report revenue code 030X
- Report one of the following HCPCS/CPT codes (see next slides)





#### CPT Code

- 80081 Obstetric panel (includes HIV testing). This panel must include the following
  - ✓ Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR CBC automated (85027) and appropriate manual differential WBC count (85007 or 85009)
  - √ Hepatitis B surface antigen (HBsAg) (87340)
  - ✓ HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389)
  - ✓ Antibody, rubella (86762)
  - ✓ Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592)
  - ✓ Antibody screen, RBC, each serum technique (86850)
  - ✓ Blood typing, ABO (86900)
  - √ Blood typing, Rh (D) (86901)





#### **HCPCS Codes**

- 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
- 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 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 Type	Payment Methodology
Hospital	CLFS
SNF	CLFS
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

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





#### CMS References

#### 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
- MLN Matters® Articles
  - <u>MM9980</u>: Screening for the Human Immunodeficiency Virus (HIV) Infection



# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.







Text NEWS to 37702; Text GAMES to 37702





