

Wellness Wednesday: Screening for Human Immunodeficiency Virus (HIV)

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Today's Presenter



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Recording

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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

mln
EDUCATIONAL TOOL
KNOWLEDGE • RESOURCES • TRAINING

Print

Telehealth Eligible Services

Medicare Preventive Services

× Select a Service FAQs Resources

Alcohol Misuse Screening & Counseling ^T	Annual Wellness Visit ^T	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use ^T
Depression Screening ^T	Diabetes Screening	Diabetes Self-Management Training ^T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease ^T	IBT for Obesity ^T	Initial Preventive Physical Exam	Lung Cancer Screening ^T	Mammography Screening
Medical Nutrition Therapy ^T	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services ^T	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs ^T	Ultrasound AAA Screening					

Quick Start Advance Health Equity

MLN006559 May 2023

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
 - [CR 7012](#), "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 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

- 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

TOB	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](#)

- [MM9980: 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.



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