

Coding guide for routine HIV testing in health care settings

Background

In September of 2006, CDC issued recommendations for Human immunodeficiency virus (HIV) testing in health care settings. The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* (Morbidity and Mortality Weekly Report, 2006) encourages HIV testing as a routine part of medical care. For patients in all health care settings, there are four key differences from previously published CDC recommendations:

- **HIV screening**—another term for testing without regard to risk—is recommended for patients ages 13 to 64 in all health care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- **HIV re-testing** of people at high risk for HIV infection is recommended at least once a year.
- **Consent for screening** should be considered to be part of the general consent for medical care, as it is for other non-invasive diagnostic and screening tests. Separate written informed consent for an HIV test is not recommended.
- **Prevention counseling** should not be required with HIV diagnostic testing or in conjunction with HIV screening programs in health care settings.

Laws in states differ regarding counseling and consent requirements; Check your state laws and policies (see Resources section).

Data suggest that targeted testing on the basis of risk behaviors fails to identify a substantial number of persons who are HIV-infected. Many persons, including persons with HIV infection, do not perceive themselves to be at risk for HIV or may not disclose their risks. Routine voluntary HIV testing may reduce the stigma associated with risk-based screening. More patients accept HIV testing when it is offered routinely to

everyone, instead of to selected persons based on a risk assessment. As a health care provider, routine voluntary HIV screening should be separate from identifying and providing counseling for behaviors that may adversely affect sexual health.

HIV infection meets all generally accepted criteria that justify screening: (1) HIV infection is a serious health disorder that can be diagnosed before symptoms develop; (2) HIV can be detected by reliable, inexpensive, and noninvasive screening tests; (3) infected patients have years of life to gain if treatment is initiated early, before symptoms develop; and (4) the costs of screening are reasonable in relation to the anticipated benefits.

Routine HIV screening is a first step. Linking patients with HIV infection to care, treatment and prevention services is the desired outcome. Providers who do not themselves provide HIV care should arrange for referrals to care programs with the capacity to take on new patients.

2010 status of testing and reimbursement

With current CDC recommendations on routine testing and the move toward HIV testing as a routine part of care, more providers may use rapid test kits. Several of these are CLIA-waived and suitable for physician office laboratories. To obtain reimbursement for performing a rapid HIV test, providers can add Modifier “92” for “**Alternative Laboratory Platform Testing**” to the usual laboratory procedure CPT code for the type of HIV test (HIV-1 or HIV-1/2). The following is the CPT guidance for use of this modifier:

“When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703).”

The test does not require permanent dedicated space; hence, by its design, it may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of testing is not in itself determinative of the use of this modifier.

Example 1

A private practice physician sees a 20-year-old single male for his annual physical before his senior year of college. The patient, who is not an established patient, has had multiple sexual partners, both male and female. The physician performs the HIV rapid test. To bill use:

• ICD-9-CM diagnosis codes¹

1. **V70.0** routine general medical examination
2. **V73.89** Special screening for other specified viral diseases
or
V69.8 Other problems related to lifestyle (since patient is asymptomatic but in a known high risk group)
3. **V65.44** HIV counseling (if prevention counseling is provided during the encounter for the test)
4. **V08** Asymptomatic HIV infection status (if the results are positive but the patient is asymptomatic)
5. **042** HIV disease, with codes for the HIV-related manifestations or conditions (if the results are positive and the patient exhibits symptoms)
6. **V65.44** HIV counseling (if the test results are negative and prevention counseling is provided during the encounter for test results)

• CPT codes

1. **Test product**
86701 with modifier 92 for the antibody HIV-1 test
or
86703 with modifier 92 for the antibody HIV-1 and HIV-2 single assay
or
87390 with modifier 92 for the infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1 rapid test

2. Office service

99385 if the patient is new for initial comprehensive preventive medicine service evaluation and management

Example 2

A 34-year-old, married female with allergy complaints shows up at her primary care physician's office. Because she is an established returning patient, the physician can either perform the conventional HIV test or the rapid HIV test. To bill, use:

• ICD-9-CM diagnosis codes²

1. **V73.89** Special screening for other specified viral diseases
2. **V08** Asymptomatic HIV infection status (if the results are positive but the patient is asymptomatic)
or
3. **042** HIV disease, with codes for the HIV-related manifestations or conditions (if the results are positive and the patient exhibits symptoms).
4. **V65.44** HIV counseling (if counseling is provided during the encounter for the test)
or
5. **V65.44** HIV counseling (if the results are negative and counseling is provided)

Note: These codes should be reported in addition to those appropriate to allergy complaints reported by the patient (either a confirmed diagnosis of allergy, or the specific signs or symptoms).

• CPT codes

1. **Test product**
86701 HIV-1 or HIV-2 antibody test
2. **Test administration**
36415 collection of venous blood by venipuncture
3. **Office service**
99211–99215 appropriate office visit code from the office or other outpatient services code series for an established patient based upon the key components performed
or

¹ ICD 9 codes are set to be replaced with ICD 10 codes by Oct. 1, 2013 in the United States. Contact the US Department of Health and Human Services for more information.

² ICD 9 codes are set to be replaced with ICD 10 codes by Oct. 1, 2013 in the United States. Contact the US Department of Health and Human Services for more information.

99211–99215 for the evaluation and management of an established patient if the results are positive and HIV counseling is provided

Medicare patient example

A 66-year-old, single gay male Medicare patient comes in to his physician's office for his annual checkup, and indicates sexual risk behavior since his prior visit. Because the patient is covered by Medicare, the physician can either order a conventional HIV test or perform a rapid HIV test. To bill use:

• HCPCS Codes for billing Medicare

1. **G0432** Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening (conventional test)
or
2. **G0433** Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening (rapid test when used with -92 modifier)
or
3. **G0435** Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening (rapid oral fluid test, without -92 modifier)

Note: These codes can only be claimed with use of the corresponding ICD-9-CM diagnosis codes.

• Accompanying diagnosis codes

1. For beneficiaries reporting increased risk factors, use HCPCS code G0432, G0433, or G0435 with diagnosis code **V73.89** (“**Special screening for other specified viral disease**”) as primary; with diagnosis code **V69.8** (“**Other problems related to lifestyle**”) as secondary.

or

2. For beneficiaries not reporting increased risk factors, claims shall contain HCPCS code G0432, G0433 or G0435 with diagnosis code **V73.89** only.

Note: Medicare now pays for voluntary HIV screening a maximum of once annually for beneficiaries at increased risk for HIV infection.

Note: Medicare now pays for voluntary HIV screening of pregnant Medicare beneficiaries a maximum of three times per term of pregnancy beginning with the date of the first test when ordered by the woman's clinician: (1) when the diagnosis of pregnancy is known, (2) during the third trimester, and (3) at labor, if ordered by the woman's physician.

Medicare HCPCS codes

Test product	
Code	Description
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
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening

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
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	92	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	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.	

ICD-9-CM diagnosis codes

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	V042	HIV disease
HIV counseling provided to patient with positive test results	V65.44	HIV counseling
Patient seen as part of prenatal medical examination	V73.89	Patient seen as part of a routine prenatal care.
Patient seen for first pregnancy	V22.0	Supervision of normal first pregnancy
Patient seen for other-than-first pregnancy (second, third, etc.)	V22.1	Supervision of other normal pregnancy
Management of high-risk pregnancy	V23.8	Other High-Risk Pregnancy
Management of high-risk pregnancy	V23.9	Supervision of unspecified high-risk pregnancy

5

Additional resources (including linkage to care):

American Academy of HIV Medicine

Referral Link

www.aahivm.org

American Medical Association

CPT home page

www.ama-assn.org/go/cpt

HIV Medicine Association

HIV Provider Listing

www.hivma.org

National Clinician's Consultation Center

Compendium of state laws
regarding HIV testing

<http://www.ucsf.edu/hivcntr/stateLaws/index.html>

Centers for Disease Control and Prevention

CDC's National Prevention
Information Network

(800) 458-5231

www.cdcnpin.org

CDC revised recommendations on routine testing for HIV

www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

Centers for Medicare and Medicaid Services

Medicare Coverage Center

www.cms.gov/center/coverage.asp

For more information contact:

American Medical Association

515 N. State St.

Chicago, IL 60654

(312) 464-4147

American Academy of HIV Medicine

1705 DeSales Street NW

Suite 700

Washington, DC 20036

(202) 659-0699