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 codes
  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 codes
  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

1ICD 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.

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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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>G0432</td>
<td>Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening</td>
</tr>
<tr>
<td>G0433</td>
<td>Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening</td>
</tr>
<tr>
<td>G0435</td>
<td>Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening</td>
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### CPT® codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Rapid test modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86689</td>
<td></td>
<td>Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)</td>
</tr>
<tr>
<td>86701</td>
<td>92</td>
<td>Antibody; HIV-1</td>
</tr>
<tr>
<td>86703</td>
<td>92</td>
<td>Antibody; HIV-1 and HIV-2, single assay</td>
</tr>
<tr>
<td>87534</td>
<td></td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique</td>
</tr>
<tr>
<td>87535</td>
<td></td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique</td>
</tr>
<tr>
<td>87536</td>
<td></td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification</td>
</tr>
<tr>
<td>87390</td>
<td>92</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualita-tive or semi-quantitative, multiple step method; HIV-1</td>
</tr>
</tbody>
</table>

### Test administration

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>36415</td>
<td>Collection of venous blood by venipuncture</td>
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</table>

### Office service

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>99385</td>
<td>Initial comprehensive preventive medicine service evaluation and management 18–39 years of age (new patient)</td>
</tr>
<tr>
<td>99386</td>
<td>Initial comprehensive preventive medicine service evaluation and management 40–64 years of age (new patient)</td>
</tr>
<tr>
<td>99395</td>
<td>Periodic comprehensive preventive medicine reevaluation and management 18–39 years of age (established patient)</td>
</tr>
<tr>
<td>99396</td>
<td>Periodic comprehensive preventive medicine reevaluation and management 40–64 years of age (established patient)</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.</td>
</tr>
</tbody>
</table>
### ICD-9-CM diagnosis codes

<table>
<thead>
<tr>
<th>Situation</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient seen as part of a routine medical exam</td>
<td>V70.0</td>
<td>Routine general medical examination at a health care facility</td>
</tr>
<tr>
<td>Patient seen to determine his/her HIV status (can be used in addition to routine medical exam)</td>
<td>V73.89</td>
<td>Special screening for other specified viral diseases</td>
</tr>
<tr>
<td>Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam)</td>
<td>V69.8</td>
<td>Other problems related to lifestyle</td>
</tr>
<tr>
<td>Counseling provided during the encounter for the test (add additional code if applicable)</td>
<td>V65.44</td>
<td>HIV counseling</td>
</tr>
<tr>
<td>Returning patient informed of his/her HIV <strong>negative</strong> test results</td>
<td>V65.44</td>
<td>HIV counseling</td>
</tr>
<tr>
<td>Returning patient informed of his/her HIV <strong>positive</strong> test results AND patient is asymptomatic</td>
<td>V08</td>
<td>Asymptomatic HIV infection status</td>
</tr>
<tr>
<td>Returning patient informed of his/her HIV <strong>positive</strong> test results, AND patient is symptomatic</td>
<td>V042</td>
<td>HIV disease</td>
</tr>
<tr>
<td>HIV counseling provided to patient with <strong>positive</strong> test results</td>
<td>V65.44</td>
<td>HIV counseling</td>
</tr>
<tr>
<td>Patient seen as part of prenatal medical examination</td>
<td>V73.89</td>
<td>Patient seen as part of a routine prenatal care.</td>
</tr>
<tr>
<td>Patient seen for first pregnancy</td>
<td>V22.0</td>
<td>Supervision of normal first pregnancy</td>
</tr>
<tr>
<td>Patient seen for other-than-first pregnancy (second, third, etc.)</td>
<td>V22.1</td>
<td>Supervision of other normal pregnancy</td>
</tr>
<tr>
<td>Management of high-risk pregnancy</td>
<td>V23.8</td>
<td>Other High-Risk Pregnancy</td>
</tr>
<tr>
<td>Management of high-risk pregnancy</td>
<td>V23.9</td>
<td>Supervision of unspecified high-risk pregnancy</td>
</tr>
</tbody>
</table>

### Additional resources (including linkage to care):

- American Academy of HIV Medicine
  - Referral Link [www.aahivm.org](http://www.aahivm.org)
- American Medical Association
- HIV Medicine Association
  - HIV Provider Listing [www.hivma.org](http://www.hivma.org)
- National Clinician’s Consultation Center
  - Compendium of state laws regarding HIV testing [http://www.ucsf.edu/hivc...](http://www.ucsf.edu/hivc...)
- Centers for Disease Control and Prevention
  - CDC’s National Prevention Information Network (800) 458-5231 [www.cdcnpin.org](http://www.cdcnpin.org)
- CDC revised recommendations on routine testing for HIV [www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)
- Centers for Medicare and Medicaid Services
- 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