

QUICK REFERENCE GUIDE FOR HIV ROUTINE TESTING

- The Centers for Disease Control and Prevention (CDC) recommend HIV testing to all patients ages 13-64, at least once in their lifetime, and more often for patients who are more susceptible to acquiring HIV (annually or multiple times/year).
- Train staff on billing and coding, allowing suitable time to address billing and coding issues.
- Seek reimbursement by billing Medicaid, Medicare or other third-party payors for HIV testing.
- Assess current billing and reimbursement practices, including the infrastructure, up-to-date health information technologies, and the challenges and technical assistance needs.
- Use electronic health records (EHR) routine testing reminders to ensure maximizing preventive healthcare services.
- Monitor rate of reimbursement for each payor.

ROUTINE HIV TESTING RECOMMENDATIONS

HIV testing is routine and reimbursable. HIV screening has a grade "A" rating from the U.S. Preventive Services Task Force (USPSTF). The Patient Protection and Affordable Care Act requires qualified health plans provide, at a minimum, coverage without cost-sharing for preventive services rated A or B by USPSTF. Listed are ICD-10 codes and Provider Encounter codes that can be used to evaluate the needs and objectives of the healthcare setting, and to bill for HIV screening.

ICD-10-CM DIAGNOSIS CODES

ICD-10 CODES	DESCRIPTION
Z00.0	Encounter for general adult medical examination without abnormal findings
Z11.4	Encounter for screening for Human Immunodeficiency Virus (HIV)
Z11.59	Encounter for screening for other viral diseases
Z70.0	Counseling related to sexual attitude
Z70.1	Counseling related to patient's sexual behavior and orientation
Z71.7	Human Immunodeficiency Virus (HIV) counseling
Z72.5 (1,2,3)	High-risk hetero-(Z72.51), homo-(Z72.52), bi-(Z72.53) sexual behavior
Z72.89	Other problems related to lifestyle

NOTE: Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external causes classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'. This can arise in two main ways: 1) When a person who may/may not be sick encounters health services for a specific purpose, to receive limited care or service for a condition, receive prophylactic vaccine, or discuss a problem which is not a disease or injury. 2) When circumstance/problem is present which influences a person's health status, but is not itself a current illness or injury.



PROVIDER ENCOUNTER CODES

CODES	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)
99387	Initial comprehensive preventive medicine service evaluation and management 65 and older years of age (new patient)
99395	Periodic comprehensive preventive medicine service reevaluation and management 18-39 years of age (established patient)
99396	Periodic comprehensive preventive medicine service reevaluation and management 40-64 years of age (established patient)
99397	Periodic comprehensive preventive medicine service reevaluation and management 65 and older 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 (code based on time spent, 5-40 minutes)
99401- 99404	Pre/post HIV test counseling or risk factor reduction(s) provided to an individual (code based on time spent, 15-60 minutes)

References: **1**) Florida Department of Health, "Provider's Guidance for Routine HIV Testing Reimbursement & Sustainability", Accessed October 2022. https://www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/um-eti/um-provider-guidance.pdf **2**) ICD-10 Code Lookup, Accessed October 2022. <https://icdcodelookup.com/icd-10/codes> **3**) Centers for Medicare & Medicaid Services (cms.gov), Accessed October 2022. <https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources> **Disclaimer:** This Quick Reference Guide was prepared as a resource for healthcare professionals and is only intended to be a general summary. It does not take the place of written law, regulations or professional judgment. We encourage readers to review statutes, regulations, etc. for a full and accurate statement of the contents.