

## HIV/AIDS Counseling and Testing Rate Codes Are Being Subsumed Into APGs

Effective January 1, 2011, the rate codes for HIV/AIDS counseling and testing services in hospital outpatient departments (2983, 3111, 3109) and diagnostic and treatment centers (1695, 1802, and 3109) will be subsumed into the APG payment system, and as such will be paid based on the procedures rendered and patient diagnosis (for evaluation and management services) coded for the visit/episode. Accordingly, providers (non-FQHCs and APG-participating FQHCs) should use APG access rate codes (e.g., 1400, 1407, or 1432) instead of the HIV/AIDS rate codes referenced above. Providers should code the following procedures when billing for HIV Counseling and Testing, HIV Counseling Visit – No Testing, and Post-Test HIV Counseling Visit-Positive Result:

- **HIV Counseling and Testing**

- Preventive Counseling, Individual (see table of preventive medicine counseling codes below)
- If an HIV test is performed, either rapid or non-rapid, use one of the following: Antibody; HIV-1 (86701) or HIV-2 (86702) or HIV-1 and HIV-2, Single Assay (86703)
- If a non-rapid HIV test is to be performed and blood is drawn, a venipuncture (36415) can also be coded

Note: should the HIV test (noted above) be reactive, a confirmatory test (e.g., Western Blot: HTLV/HIV Confirmatory Test - 86689) would be performed. After the confirmatory result is received, this test can then be billed according to APG billing policies.

- **HIV Counseling Visit – No Testing**

- Preventive Counseling, Individual (see table)

- **Post-Test HIV Counseling Visit – Positive Result**

- Preventive Counseling, Individual (see table)

The following codes can be used to bill for HIV/AIDS preventive or post-test positive counseling, based on the duration of service:

| CPT   | Description  |
|-------|--|
| 99401 | Preventive medicine counseling, indiv., approximately 15 |
| 99402 | Preventive medicine counseling, indiv., approximately 30 |
| 99403 | Preventive medicine counseling, indiv., approximately 45 |
| 99404 | Preventive medicine counseling, indiv., approximately 60 |

Note: for patients with Medicaid-only coverage, CPT codes 99381 - 99397, Initial /Periodic comprehensive preventive medicine, should not normally be reported for HIV/AIDS preventive or post-test positive counseling. If the patient is Medicare/Medicaid dually eligible, please contact Medicare for billing guidance.

If an evaluation and management clinic visit has occurred concurrent with or on the same day as any of the HIV/AIDS counseling and testing visits, an Evaluation and Management service (99201 – 99205, 99211 - 99215) can be billed as well, whether the clinic visit was related to the patient’s HIV disease or not.

For Emergency Room (i.e., APG Rate Code 1402) **HIV Counseling and Testing** visits, providers should add a relevant Evaluation and Management code (99281 - 99285).

HIV/AIDS rate codes for Day Health Care Services (1850) and AIDS Clinic, Therapeutic Visit (2961) will remain carved out of the APG payment system and will continue to pay on a fee basis. In addition, rate codes established in 1998 to reimburse public health clinics for HIV counseling and testing services provided during TB or STD clinic visits for patients enrolled in Medicaid managed care plans will continue to be available. The specific rate codes and visit descriptions are as follows:

| Rate Code | Description                                   |
|-----------|---|
| 1813      | TB/HIV Counseling without Testing             |
| 1814      | STD/HIV Counseling without Testing            |
| 1815      | TB/HIV Counseling and Testing                 |
| 1816      | STD/HIV Counseling and Testing                |
| 1819      | TB/HIV Post-Test Counseling, Positive Result  |
| 1820      | STD/HIV Post-Test Counseling, Positive Result |

Questions regarding these rates can be directed to the AIDS Institute at (518) 486-1383.