## HIV PRIMARY CARE MEDICAID REIMBURSEMENT SYSTEM
### Chart 2
#### Billing Codes, Utilization Limits, Medical Documentation

<table>
<thead>
<tr>
<th>Visit</th>
<th>Clinic Visit Rate Code</th>
<th>Hospital Visit Rate Code</th>
<th>Utilization Limits*</th>
<th>Medical Record Documentation Requirements</th>
</tr>
</thead>
</table>
| HIV Testing Visit                          | 1695                   | 2983                     | UT 2                | First Visit  
  - The signed HIV Consent Form,  
  - HIV Test result, and  
  - Notation as to whether the results have been communicated to the patient.  
Second Visit  
An entry justifying the need for a second or subsequent HIV Testing Visit, e.g., patient had recent risk at the time of the first test. |
| HIV Pre-Test Counseling Without Testing    | 3109                   | 3109                     | Cap 1               |  
  - A notation that counseling was provided,  
  - The reason the patient declined testing,  
  - Follow-up plan, including indications for further counseling and testing. |
| HIV Counseling (Positive)                  | 1802                   | 3111                     | UT 3                | Initial Diagnosis  
  - Preliminary or confirmatory positive test result,  
  - Referrals to medical care and supportive services,  
  - Follow-up to ensure entry into care,  
  - Prevention/risk reduction counseling and follow-up plan,  
  - Partner counseling and assistance, including domestic violence screening  
  - Medical Provider HIV/AIDS Report and Partner Contact Form (DOH 4189)  
Annual assessments for patients with HIV  
  - Partner counseling and assistance, including domestic violence screening  
Prevention/risk reduction counseling and follow-up plan. |
| Initial/Annual HIV Medical Evaluation      | 1697                   | 2985                     | Cap 1               |  
  - Baseline or interim history,  
  - Comprehensive physical evaluation,  
  - Routine laboratory assessment and diagnostic screening,  
  - Behavioral health counseling,  
  - Treatment plan and referrals. |
| HIV Monitoring                             | 1699                   | 2897                     | UT 3                |  
  - Immunologic Assessment;  
  - Interim history and physical;  
  - Evaluation of psychosocial needs. |

**Utilization Thresholds (UT):** represents the expected visit usage based on current clinical practice; justification for visits exceeding the threshold must be documented in the patient's medical record.

**Utilization Cap** is the maximum annual visit usage established by the Department. Billing above the cap will be denied.