

New York State Department of Health
HIV/AIDS Counseling and Testing Service Rate Codes Will Be Subsumed by the APG
Payment System on July 1, 2011

Effective July 1, 2011, the rate codes for HIV 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 rate codes (e.g., 1400 or 1432 for hospital outpatient and 1407 or 1422 for DTCs) instead of the HIV counseling and testing 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 (refer to the table below)

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

- Preventive Counseling, Individual (refer to the table below)

Preventive Medicine Counseling Procedure Codes:

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

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

Providers should not bill for preventive medicine counseling if the session is less than 8 minutes in duration. Providers can bill for preventive medicine counseling (99401) of at least 8 minutes but less than 15 minutes in duration; however, they must add the “U5” modifier to the procedure line to indicate it is a “reduced service” which will result in the payment weight for the line being discounted by 30%. Note, the “U5” modifier should not be added to any other preventive medicine service codes in the series (99402, 99403, and 99404).

Other Billing Guidance:

The current Medicaid billing policy, which enables a non-physician to bill and be paid for providing an HIV counseling clinic service, will continue, however, the “rendering provider” on the claim must be a physician or physician stand-in (i.e., nurse practitioner or physician assistant) with a valid NPI.

For patients with Medicaid-only coverage, CPT codes 99381 - 99397, initial /periodic comprehensive preventive medicine, should not be reported for HIV counseling or post-test positive counseling. If the patient is Medicare/Medicaid dually eligible these codes may be allowable. Please contact Medicare for billing guidance.

If an evaluation and management clinic visit has occurred on the same day as any of the HIV counseling and testing visits, an Evaluation and Management (i.e., E&M code) service (99201 – 99205, 99211 - 99215) can be billed as well, whether the clinic visit was related to the patient’s HIV disease or not. However, HIV counseling that is rendered as part of an E&M clinic visit should not be billed as a separate procedure. Only HIV counseling that is rendered and clearly documented as a discrete service - distinct from an E&M service that is performed and billed for separately - can be billed.

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

HIV/AIDS Rate Codes carved out of APGs:

HIV/AIDS rate codes for HIV/AIDS day health care services (1850), COBRA case management services (5223), and the 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.

Integrating HIV Testing into Routine Care:

Providers should note the recently enacted Chapter 308 of the Laws of 2010 made significant changes to HIV testing practices in New York State. The law removed barriers to the integration of HIV testing in routine health care and promotes a streamlined approach to pre-test counseling with the use of a simplified Informed Consent to HIV Testing form ([DOH-2556](#)). Complete NYS PHL Article 27F HIV testing requirements can be found on the Department of Health's website at http://www.health.ny.gov/diseases/aids/testing/hiv_testing_law.htm