Coding guidelines for routine HIV testing in health care settings

Background

In September 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations for 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 broad-based testing—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 testing** of people at high risk for HIV infection is recommended at least once a year.

• **Screening** should be incorporated into the general consent for medical care; separate written informed consent is not recommended.

• **Prevention counseling** should not be required with HIV diagnostic testing or as part of HIV screening programs in health care settings.

Laws in states differ regarding counseling and written informed consent; check your state laws and policies (see the Resources section of this flier for more information).

Data suggests that targeted testing on the basis of risk behaviors fails to identify a substantial number of persons who are HIV infected. A significant number of persons, including persons with HIV infection, do not perceive themselves to be at risk for HIV or do not disclose their risks. Routine voluntary HIV testing may reduce the stigma associated with assessment of risk behaviors. More patients accept recommended HIV testing when it is offered routinely to everyone, without a risk assessment. And as a health care provider, routine voluntary screening removes the step for you of identifying and assigning risk.

HIV infection is consistent with 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.

With routine HIV screening in place, the ability to link patients who receive a diagnosis of HIV infection into care, treatment and prevention services is critical. HIV screening without such linkages confers little or no benefit to the patient. Providers should be prepared to appropriately refer people into care programs with the capacity to absorb new patients.

2008 status of testing and reimbursement:

With the latest CDC recommendations and the move toward HIV testing as a routine part of care, more providers are using rapid test kits. Effective Jan. 1, 2008, providers can bill for performing an HIV test with a rapid test kit. Providers can add modifier “92” for “Alternative Laboratory Platform Testing” to the usual laboratory procedure code for HIV testing within the CPT® system. The following is the CPT language for this service: “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 a physical examination 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
  3. V69.8 Other problems related to lifestyle (since patient is asymptomatic but in a known high risk group)
  4. V65.44 HIV Counseling (if counseling is provided during the encounter for the test or after the results are available)
  5. V08 Asymptomatic HIV infection status if the results are positive but the patient is asymptomatic
  6. 042 HIV disease, with codes for the HIV-related manifestations or conditions, if the results are positive and the patient exhibits symptoms

- **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
  2. Office service 99385 if the patient is new for initial comprehensive preventive medicine service evaluation and management or 99395 if the patient is established for periodic comprehensive preventive medicine reevaluation and management 99211–99215 for the evaluation and management of an established patient if the results are positive and HIV counseling is provided

**Example 2:**

A 34-year-old, married female with allergy complaints shows up at her primary care physician’s office. As a 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. V65.44 HIV counseling (if counseling is provided during the encounter for the test or after the results are available)
  3. V08 Asymptomatic HIV infection status if the results are positive but the patient is asymptomatic
  4. 042 HIV disease, with codes for the HIV-related manifestations or conditions, if the results are positive and the patient exhibits symptoms
Note: These codes should be reported in addition to those appropriate to allergy complaints (either a confirmed diagnosis of allergy, or the specific signs or symptoms) reported by the patient.

• CPT codes

1. Test product
   86701 antibody HIV-1 test
   or
   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

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
   99211–99215 for the evaluation and management of an established patient if the results are positive and HIV counseling is provided

Resources (including linkage to care)

• American Academy of HIV Medicine’s “Find a Provider”
  www.aahivm.org

• HIV Medicine Association’s HIV Provider Listing
  www.hivma.org

• CDC’s National Prevention Information Network can provide referrals
  (800) 458-5231
  www.cdcnpin.org

• Compendium of state laws regarding HIV testing (last revised March 2008)
  www.ucsf.edu/hivcntr/StateLaws/Index.html

• American Medical Association CPT Home Page
  www.ama-assn.org/go/CPT

• For the full text of the CDC’s revised recommendations on routine testing for HIV, visit
  www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
## CPT® codes

### Test product

<table>
<thead>
<tr>
<th>Code</th>
<th>Rapid test modifier</th>
<th>Description</th>
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<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>86702</td>
<td>92</td>
<td>Antibody; HIV-2</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></td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; HIV-1</td>
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### 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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### Office service

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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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>
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<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>HIV counseling for patients with positive test results; office or other outpatient visit for the evaluation and management of an established patient</td>
</tr>
</tbody>
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### Situation

| Patient seen as part of a routine medical exam | V70.0 | Routine general medical examination at a health care facility |
| Patient seen to determine his/her HIV status (can be used in addition to routine medical exam) | V73.89 | Special screening for other specified viral diseases |
| Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam) | V69.8 | Other problems related to lifestyle |
| Counseling provided during the encounter for the test (add additional code if applicable) | V65.44 | HIV counseling |
| Returning patient informed of his/her HIV negative test results | V65.44 | HIV counseling |
| Returning patient informed of his/her HIV positive test results AND patient is asymptomatic | V08 | Asymptomatic HIV infection status |
| Returning patient informed of his/her HIV positive test results, AND patient is symptomatic | 042 | HIV disease |
| HIV counseling provided to patient with positive test results | V65.44 | HIV counseling |