Routine HIV Testing in Healthcare Settings: Reimbursement

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Who pays for routine HIV testing
Possible funding streams

- Medicaid
- Medicare- no, statutory change required
- Veterans Administration
- Private Insurers
- Discretionary federal funding through CDC, Ryan White, community health centers, rural health clinics; SAMHSA programs including substance abuse block grant
- Safety net providers– public hospitals, uncompensated care funds
Medicaid

- Major health program for 55 million low-income Americans currently
- Largest source of federal spending for HIV care
- Provides health coverage to ~50% of people with AIDS and a significant number of those newly diagnosed with HIV
- CDC-Kaiser analysis of new HIV diagnoses in 25 states found 22% were already Medicaid-eligible at the time of diagnosis during 1994-2000.

Medicaid and HIV Screening

- Federal law allows HIV screening to be covered by states
  - either under fee-for-service, or
  - through Medicaid managed care

- This is “optional” and therefore state-dependent

- Routine HIV testing has not been widely adopted by state Medicaid programs
Options for Medicaid Coverage of HIV Screening

• Medicaid must reimburse for services provided by federally qualified health centers (FQHCs) which include screening for communicable diseases. HRSA has not defined this requirement.
• Family planning services under Medicaid or a Medicaid waiver may be defined to include screens. California uses a family planning waiver to provide HIV specific screening services.
• A broad definition of medical necessity could include population-based HIV screening

Medicaid Options for HIV Screening

• States can elected to cover screening through Medicaid’s Diagnosis, Screening, Prevention and Rehabilitation (DSPR) option.
• All states must cover EPSTD services to beneficiaries up to 21. These services can, but are not required to include screens.
• Medicaid managed care contracts (MCC) may require that all enrollees receive a comprehensive assessment including preventive screens. Only NJ requires that HIV screens be part of assessment.
• MCC contracts can allow for more services than covered under FFS. CA, FL, IL, MD expressly allow for additional services.

New York: HIV Testing Reimbursement

- In 2006, NYS adopted new Medicaid rates for HIV testing in emergency rooms. The rates vary by region with the average being $104.66 for testing and $101.29 for a post-test positive counseling session.

- Same day billing is allowed for HIV testing and ED visits

- EDs may bill the HIV Testing Visit only when using rapid HIV tests

- EDs must provide counseling and linkage to confirmatory testing and care when a patient’s rapid HIV test is positive
## Visit Rates for NY Designated AIDS Center Hospitals (DACs)

<table>
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<tr>
<th>Visit</th>
<th>Rate*</th>
<th>Utilization Limits Per Year**</th>
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| HIV Testing                                | $102  | Recommended Maximum: 2
Extend rate to ER                                  |
| HIV Pre-Test Counseling w/o Testing        | $97   | Cap 1
(Previous Recommended Maximum: 2)               |
| HIV Counseling (Positive)                  | $92   | Recommended Maximum: 3 in year of initial diagnosis, then 1 for annual assessment thereafter
(Previous Recommended Maximum: 2)               |
| Initial/Annual HIV Medical Evaluation      | $452  | Cap 1                                                              |
| HIV Monitoring                             | $224  | Recommended Maximum: 3                                            |

* 5 Tier Rates shown are statewide averages

** Cap: Utilization Cap (maximum visit usage per year)
Roadblocks to Medicaid Financing of Routine Testing

- CMS (Centers for Medicare and Medicaid Services) and Administration commitment to restrain Medicaid spending
- State budgetary constraints and competing priorities for Medicaid dollars
- Low prevalence of HIV infection in many states
- AAHIVM and other members of a reimbursement workgroup on testing are trying to schedule a meeting during the State Medicaid directors annual meeting
Private Insurance

• Most private insurers follow the National Preventive Health Task Force guidelines when developing coverage policies.
• Both AETNA and Blue Cross/Blue Shield have announced they are covering HIV screening as they do other preventive tests, and reimburse for post-test counseling by physicians.
• With CDC support, the AMA, the AAHIVM and members of a reimbursement workgroup are developing a provider brochure on coding for HIV testing.
Conclusions

• Medicaid remains a largely untapped resource for facilitating and reimbursing HIV screening in a high risk population.
• Some support for HIV screening from major private insurers.
• Leadership from the federal government and from medical provider organizations could further facilitate screening and appropriate reimbursement.
• Advocacy for heightened attention to domestic HIV and a national HIV strategy will include increasing knowledge of serostatus as a primary component.
More conclusions....

• Revised HIV incidence figures soon to be released by the CDC could trigger attention and resources to HIV screening implementation, and heightened pressure for a viable implementation strategy.

• An HIV community advocacy strategy aimed at manufacturers of HIV screening devices ala ADAP pricing group should be developed, which would include institution stakeholders—hospitals, community health clinics, etc.