Partnerships for Care

HIV TAC TEAM

Maximizing Billing and Coding
Part 2 of 4

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Tuesday, 1 December 2015

HRSA Health Center Program

Stacey L. Murphy, Presenter

- 30 years of practice management, physician credentialing/re-credentialing, contract management, and coding and clinical documentation experience.

- Certified Professional Coder (CPC) credentialed by the American Academy of Professional Coders since 1998 and a Registered Health Information Administrator (RHIA) since 2011 credentialed by the American Health Information Management Association (AHIMA). She is also credentialed by AHIMA as an ICD-10-CM/ICD-10-PCS Approved Trainer.

- As the Chief of Health Information Management (HIM) working for the Veterans Administration, she is currently responsible for ensuring that all of the HIMS coding staff are properly trained and ready for the ICD-10 coding implementation. She also ensures that documentation and coding information is disseminated timely to clinicians and other administrative staff at the Veterans Administration.

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- ensure that best practices in patient care are met.
- remain abreast of each health plans regulatory requirements since regulations, policies and/or coding guidelines cited in this presentation are subject to change without further notice.
- ensure that every reasonable effort is made to adhere to applicable regulatory guidelines within their respective jurisdiction.

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Learning Outcomes

- Explain the importance of proper documentation in patient health records
- Identify and explain CPT and HCPCS codes
- Identify and explain the various CPT and HCPCS codes necessary to report HIV pre-testing, HIV counseling (without pre-testing), HIV post test negative counseling and HIV post test positive counseling
- Identify and explain commonly used modifiers

Acronyms Used

- **AIDS -** Acquired Immunodeficiency Syndrome
- **AMA -** American Medical Association
- **CLIA -** Clinical Laboratory Improvement Amendments
- **CMS -** Centers for Medicare and Medicaid Services
- **CPT -** Current Procedural Terminology
- **EIA -** Enzyme Immunoassay
- **ELISA -** Enzyme Linked Immunosorbent Assay
- **HCPCS -** Healthcare Common Procedure Coding System
- **HHS -** Health and Human Services
- **HIV 1 -** Human Immunodeficiency Virus 1
- **HIV 2 -** Human Immunodeficiency Virus 2

Documentation

HIV Testing Documentation

First visit consists of:

- The signed HIV consent form (varies by state/jurisdiction)
- HIV test results
- Notation that the test results were communicated to the patient

Second visit consists of:

- Written justification for the rationale for the second or subsequent HIV test visit (i.e. risks identified during the first visit requiring further counseling)

Documentation (2)

HIV Pre-Test Counseling without Testing

- Written documentation should clearly state counseling was provided
- The reason why the patient declined testing
- The follow up care plan, including indications for further counseling and testing

Documentation (3)

HIV Counseling Documentation <u>Initial visit for confirmed results consists of:</u>

- Preliminary or confirmatory positive test results
- Referrals for medical care and supportive services
- Follow up to confirm continuum of care
- Prevention/risk factor reduction counseling and follow up care plan
- Partner counseling and assistance including domestic violence screening

Documentation (4)

- Medical provider HIV/AIDS Report and Partner Notification
  - Partner notification is mandatory in some states
  - Contact your local Medicaid agency for specific guidance

Annual assessments consists of:

- Prevention/risk factor reduction counseling and follow up care plan
- Partner counseling and assistance including domestic violence screening

Documentation (5)

- While various state Medicaid agencies suggest the use of the rapid HIV test, it is the health care provider's discretion to order a rapid HIV screen or the conventional HIV screening test
- Contact your local Medicaid agency for specific guidance

CPT Codes

Pathology and Laboratory Section

- Developed by AMA in 1966
- Updated annually (available January)
- CPT codes describe the procedures and services that are performed to treat medical conditions
- Reported on professional (physician) claims for services rendered on an outpatient basis

Current Procedural Terminology (CPT) 2015 American Medical Association: Chicago, IL.

HCPCS Codes

HCPCS – Healthcare Common Procedure Coding System

- Developed by CMS in 1983
- Updated annually (available January)
- HCPCS codes describe certain procedures and services that are used as a supplement to or in place of CPT codes
- Approximately 80% of HCPCS codes cross map to CPT codes
- Typically reported for services rendered to patients with Medicare insurance
- Contact your local Medicaid agency for specific guidance

HIV Test Codes

HIV Antibody - tests for the presence of antibodies that are produced in response to the presence of the HIV infection

HCPCS/CPT CODE	DESCRIPTION
86701	HIV 1; single result (RAPID)
86702	HIV 2, single result (RAPID)
86703	HIV 1 & HIV 2; single result (RAPID)
86689	HIV confirmatory (Western Blot)
G0435	HIV 1 and/or HIV 2; single result (RAPID)

Rapid Tests also known as “Point of Care” Tests

HIV Test Codes (2)

- **Rapid HIV Tests**
  - Rapid tests provide "point of care" screening and results
  - Alere Determine™ HIV-1/2 Ag/Ab Combo Test
  - OraSure Technology OraQuick *ADVANCE*® Rapid HIV-1/2 Antibody Test
  - Trinity Biotech Uni-Gold™ Recombigen® HIV-1/2
  - One test payable every 6 months

Venipuncture – collection of venous blood (covered in series 1)

- CPT 36415 – routine venipuncture
- For HIV blood screening, must also report code 36415

HIV Test Codes (3)

HIV Antigen – testing for the presence of the HIV infection

HCPCS/CPT CODE	DESCRIPTION
G0432	EIA; HIV 1 and/or HIV 2 (RAPID)
G0433	ELISA; HIV 1 and/or HIV 2 (RAPID)
87389	EIA HIV 1 antibody with HIV 1 & HIV2 antigens; qualitative or semi-quantitative; single step (RAPID)
87390	EIA HIV 1; qualitative or semi-quantitative; multi-step

Rapid Tests also known as “Point of Care” Tests

HIV Test Codes (4)

HCPCS/CPT CODE	DESCRIPTION
87391	EIA HIV 2; qualitative or semi-quantitative; multi-step
87534	DNA/RNA; HIV 1; direct probe
87535	DNA/RNA; HIV 1; amplified probe
87536	DNA/RNA; HIV 1; quantification
87537	DNA/RNA; HIV 2; direct probe
87538	DNA/RNA; HIV 2; amplified probe
87539	DNA/RNA; HIV 2; quantification

What are Modifiers?

Modifiers are two digit (numeric or alphanumeric) codes that indicate that a procedure or service has been altered by a specific circumstance, but has not changed the code's definition

- There are CPT modifiers and HCPCS modifiers
- Some modifiers impact reimbursement
- Modifiers are never reported alone
- Modifiers are never reported on ICD-10-CM codes
  - ICD-10-CM codes covered in Series 3
- Each state Medicaid agency determines the approved modifiers
  - Contact your local Medicaid agency for specific guidance

Modifiers

Modifier 92 - Alternative Laboratory Platform Testing

With current CDC recommendations on routine testing and the move toward HIV testing as a routine part of care, more providers may use rapid test kits. Several of these are CLIA-waived and suitable for use in physician offices. The following is the CPT guidance for use of this modifier: "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)."

- Only report with Path/Lab test codes (86701-86703)
- Do NOT report on any other code type
- Do NOT report with HCPCS codes
- Contact your local Medicaid agency for specific guidance

Modifiers (cont.)

Modifier QW - CLIA waived test

In accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), a laboratory provider must have: a Certificate of Compliance, a Certificate of Accreditation or a Certificate of Registration in order to perform clinical diagnostic laboratory procedures of high or moderate complexity. Waived tests include test systems cleared by the FDA designated as simple, have a low risk for error and are approved for waiver under the CLIA criteria.

- Only report with Path/Lab test codes (86701-86703, 87389)
- Do NOT report on any other code type
- If a combination of waived and non-waived tests are performed, modifier QW should not be used
- Contact your local Medicaid agency for specific guidance

Rapid HIV Testing with Preventive Care

Case Study #1: A 27 year old patient presents to his primary care physician's office concerned about recently having unprotected sex and requests an HIV test. The physician notices that the patient is also due for a well visit this year and performs it. The physician decides to perform a preventive medicine visit exam, spends 35 minutes counseling the patient and performs a rapid HIV test. This is an established patient.

Report the rapid HIV CPT/HCPCS test code with the applicable modifier	**Test Product 86701-92 or QW**

Note: This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.

Rapid HIV Testing with Preventive Care (cont.)

Case Study #1 Rationale:

- This is an established preventive medicine visit with counseling and HIV testing
- The medical record does not denote that this is an HIV 2 test, so in this instance report the rapid HIV 1 test code – CPT 86701
- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier)

Note: This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.

Rapid HIV Testing with Counseling

Case Study #2: A 27 year old patient presents to his primary care physician's office concerned about recently having unprotected sex and requests an HIV test. The physician spends 35 minutes counseling the patient and performs a rapid HIV test.

Report the rapid HIV test CPT/HCPCS code with the applicable modifier	Test Product 86701-92 or QW

Note: This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.

Rapid HIV Testing with Counseling (2)

Case Study #2 Rationale:

- The medical record does not denote that this is an HIV 2 test, so in this instance report the rapid HIV 1 test code – CPT 86701
- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier)

Note: This is a point of care test performed by PCP's and can be reported for HIV testing for same day results.

Rapid HIV Testing with Counseling (3)

Case Study #3: A 47 year old patient presents to their PCP concerned about unprotected sex. PCP spends 35 minutes counseling the patient, draws blood and sends the specimen to the lab for processing. This is an established patient visit.

Pathologist processing specimen – Report the applicable HIV test code based on the methodology	**G0432-G0433 87389-87391 87534-87539**

Notes:

1-This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

2-Codes reported by Pathologist; not PCP

Rapid HIV Testing with Counseling (4)

Case Study #3 Rationale:

- PCP's can only bill for point of care/rapid HIV screening tests
- Since there is an onsite lab, the specimen is sent to Pathologist
- Code selection is based on the methodology used to process specimen
  - so in this instance report one of the HIV antigen test codes (G0432-G0433, 87389-87391, 87534-87589)
- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier

Notes:

1-This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

2-Codes reported by Pathologist; not PCP.

Confirmatory HIV Testing

Case Study #4: A 47 year old high risk patient presents to his primary care physician's office for follow up of an inconclusive HIV test result. Today the PCP will perform the confirmatory an HIV test. The patient is counseled for 15 minutes and the test is performed. The patient is advised to return in 15 days to discuss the results. This is an established patient.

Report the confirmatory HIV CPT/HCPCS test code with the applicable modifier	**G0432-G0433** **87389-87391** **87534-87539**

Notes:

1-This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

2-Codes reported by Pathologist; not PCP.

Confirmatory HIV Testing (cont.)

Case Study #4 Rationale:

- This is a 47 year old established patient presenting to the PCP for a confirmatory HIV test
- Since the documentation states that this is a confirmatory test, report – CPT 86689
- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier)

Notes:

1-This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.

2-Codes reported by Pathologist; not PCP.

PEP Visit Office Staff

Case Study #5: A medical assistant accidentally punctures finger with needle after drawing bloods on an AIDS patient. The office manager completes the workplace injury forms while the medical assistant is treated by physician in your office. The physician performs a detailed history and problem focused exam. Medical decision making includes blood work, a supply 48 hour PEP medication and counsels the medical assistant regarding transmission prevention. Bloodwork sent to lab for processing.

Item	Code
Physician reports bloodwork code	**36415**
Lab reports HIV test code (Antigen)	**87390-87539**

Note: *Assign the applicable diagnosis code which designates HIV+ vs. AIDS. Diagnoses codes are covered in Series 3.*

PEP Visit Office Staff (cont.)

Case Study 5 Rationale:

- Encounter for accidental needle stick with needle after drawing bloodwork from a patient with AIDS.
- This is considered a sick visit encounter
- E&M (99201-99205) encounter with bloodwork is drawn and PEP medications administered (36415) and sends blood work to the lab for processing
  - Physician reports these codes (covered in series 1)
- HIV Antigen code CPT 87390
  - Lab reports this code

Coding Tips

- **Point of Care (Rapid HIV) Testing and Preventive Care <u>including</u> Counseling**

  <u>Report:</u>

  - The applicable CPT/HCPCS code for the HIV test performed
  - The applicable HIV test modifier

- **Remember to report the applicable E&M our counseling code (covered in series 1)**

Coding Tips (2)

- **Point of Care (Rapid HIV) Testing including Counseling (without Preventive Care)**

  Report:

  - The applicable CPT/HCPCS code for the HIV test performed
  - The applicable HIV test modifier

- **HIV Testing/Confirmatory Testing processed by Pathologist**

  Report:

  - Codes G0432-G0433, 87389-87391, 87534-87539
  - CPT 86689 for confirmatory testing

Coding Tips (3)

- The applicable HIV test modifier
  - CPT code 87389 includes 86703 (HIV 1 & HIV 2) and HIV-1 antigen tests (CPT codes 87535, 87536 and 87390)
    - If lab specimen performed (processed) the same day, report CPT 87389 only
      - CPT 87389 (DNA/RNA; HIV 2 quantification)
- Contact your local Medicaid agency for specific coding guidance

Web Resources

Centers for Medicare and Medicaid Services (CMS)

http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html
http://www.cms.gov/center/coverage.asp

Food and Drug Administration (FDA) [Link]

American Medical Association (AMA) [Link]

National Center for Health Statistics (NCHS) [Link]

Centers for Disease Control (CDC)

http://www.cdc.gov/hiv/

Web Resources (cont.)

- **American Academy of Professional Coders (AAPC)**
  http://www.aapc.com/resources/index.aspx
- **American Health Information Management Association (AHIMA)**
  http://www.ahima.org/resources/default.aspx
- **The American Academy of Family Physicians (AAFP)**
  http://www.aafp.org/online/en/home/practicemgt/codingresources.html
- **American Hospital Association (AHA)**
  http://www.aha.org/advocacy-issues/medicare/ipps/coding.shtml

Other Resources

- CPT® 2015 Professional Edition. Publisher: American Medical Association.
- HCPCS Level II 2015. Publisher: Ingenix Optum.
- Pocket Guide to E&M Coding and Documentation. Publisher: Healthcare Quality Consultants.

Note: Coding resources are updated annually. Please be sure to update coding resources each year

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