



A Package of Tools for Providers to Improve Quality of Care and Maximize Reimbursement

Introduction

The Centers for Disease Control and Prevention (CDC) recommends routine HIV screening of all adults, regardless of risk. A critical part of developing and sustaining a screening program is integrating it into the mission of the organization in a financially prudent manner.

In addition to the CDC guidelines, the U. S. Preventive Services Task Force (USPSTF) gives an "A" recommendation for screening patients who are at risk for HIV, as well as any patient who requests a test. Several clinical specialty societies also support routine screening.

This package of information on HIV testing and screening, including cost and reimbursement tools, assists clinical managers and individual practitioners in starting or expanding an HIV screening or diagnostic testing program. The scope of these resources is limited to screening and testing, and does not explore linkage-to-care issues.

Who Should Use This Guide

This information is designed for health care providers who are not necessarily experts on HIV, finance or reimbursement, and serves as a guide to asking the right questions in each health system, hospital or clinic. Because each provider is different, it is difficult to present precise cost and reimbursement information specific to each organization. However, the broad list of issues presented serves as a framework for further research and discussion in an institution. The information is relevant to for:

- Primary care clinics
- Inpatient units
- Emergency departments
- Specialty clinics

- Physician offices
- Ancillary services
- Outpatient services

HIV in the United States

The CDC estimates:

- One in five of the 1.1 million Americans infected with HIV does not know it.
- Some 56,000 new infections occur annually.
- HIV infections are often detected late, after the person has become noticeably ill. Within 12 months, these individuals' HIV status progresses to AIDS. In many cases, the patients had previous encounters with the health care system, but were never tested for HIV.
- Some 25% of HIV-infected persons who are unaware of their status account for upwards of 70% of the new HIV transmissions.

CDC and USPSTF Recommendations

In part, the CDC recommends routine, voluntary HIV screening for:

- All persons 13-64 in healthcare settings, not based on risk
- All patients with TB and those seeking treatment for STDs
- Repeat HIV screening of persons with known risk at least annually

For a complete list of CDC's recommendations, go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>. In addition, CDC offers resources for primary care providers - <http://www.cdc.gov/hiv/testing/HIVStandardCare>. For the USPSTF recommendations, go to - <http://www.ahrq.gov/clinic/uspstf/uspshivi.htm>.

Definitions

- Diagnostic testing: Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.
- Screening: Performing an HIV test for all persons in a defined population.

This Package Includes

The tools in this package of cost and reimbursement materials include:

- A summary of key issues, questions and resources

- A chart highlighting which payers reimburse for testing and screening
- A basic cost calculator to estimate expenses and revenue

Contact Information

For more information, contact Joan M. Miller, MHA, Senior Researcher, Health Research & Educational Trust, jmiller@aha.org or (312) 422-2619.

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Overview of Cost and Reimbursement Issues

Testing a patient for HIV is cost effective, when compared with the expense of treatment for HIV or AIDS. A 2006 study found the average lifetime cost of care from diagnosis for an HIV-infected adult is \$618,900 over 24 years.

Following is a list of resources and issues for a hospital or clinic to consider in starting or expanding a routine HIV screening or diagnostic testing program.

Mission Compatibility

- Consider how HIV screening may connect to the organization's mission pertaining to community health. Enhancing screening may make strategic sense for your institution.
- If HIV screening is conducted as part of community outreach, it may be eligible to be included in a hospital's community benefit report to the Internal Revenue Service. For more information, consult with the person in your hospital who is responsible for community benefit reporting. This person may work in the finance, community benefit, or community health

departments. For more information on community benefit reporting, visit <http://www.hret.org/disparities/projects/resources/aha-guidance-on-reporting-of-community-benefit.pdf>.

Quality Improvement

- Diagnosing an HIV-infected patient early results in lower treatment costs, avoidance of hospital readmission, a potential reduction in uncompensated care and fewer opportunistic infections. For more information on hospital readmissions, go to http://www.hret.org/care/projects/resources/Readmission_Guide.pdf
- Given that many people in the U.S. who are infected with HIV are unaware of their status, diagnosing the infection can increase the likelihood of practicing precautionary behavior, thereby reducing the risk of transmitting the virus. HIV-infected persons who are unaware of their infection do not necessarily reduce risk behaviors.
- Because medical treatment that lowers HIV viral load might also reduce risk for transmission to others, early referral to medical care could prevent HIV transmission in communities while reducing a person's risk for HIV-related illness or death.

Cited Sources

1. Schackman, B. Medical Care, November 2006; Vol 44: pp 990-997

Reimbursement Structures

- Global, per diem or bundled payments may reduce spending and enhance quality, yet the structure of reimbursement makes it difficult to determine whether the cost of testing is covered by the lump sum paid for services. Speak with a reimbursement specialist at your facility for clarification. For more information on bundled payments, go to <http://www.hret.org/bundled/resources/BundledPayment.pdf>

Test Kits

- The cost of tests is lowering, and conventional tests cost less than rapid tests. Vendor discounts are available. For a summary of the undiscounted prices for FDA-approved rapid HIV test kits, please go to <http://www.hret.org/disparities/projects/resources/test-kits-purchasing-chart.pdf>. For more information, speak with your purchasing or laboratory directors.
- State and local health departments may provide test kits or staff to assist with testing, including laboratory services for confirmatory tests. In addition, they may provide personnel for staff training or assistance contacting patients' sex or needle-sharing partners who may be at risk for HIV.

- Some clinics, public hospitals and other disproportionate-share hospitals are eligible for 340b drug pricing, which sets an upper limit on the price that drug manufacturers receive from covered entities for outpatient drugs. For details, go to <http://www.hrsa.gov/opa/>. For information on whether your facility qualifies, contact your pharmacy director.
- Hospitals and providers may also engage in group-purchasing arrangements to reduce the cost of test kits. For information, contact your laboratory or purchasing directors.

Coding

- Coding guidelines for HIV testing produced by the American Medical Association and the American Academy of HIV Medicine are available by going to <http://www.hret.org/disparities/projects/resources/hiv-testing-cpt-coding-guide.pdf>. Share this document with your medical staff as appropriate.

Insurance Coverage

- Some states require third-party payers to reimburse providers for HIV screening. For information, contact your reimbursement specialist.
- Many third-party payers reimburse clinics and providers for the cost of the tests and the time to perform them, counsel patients and link them to care. Check with your payers or the reimbursement specialists at your facility for information on reimbursement. A chart reviewing payer reimbursement for HIV screening and diagnostic testing can be accessed by going to <http://www.hret.org/disparities/projects/resources/hiv-reimbursement-chart.pdf>
- The new health reform law, the Patient Protection and Affordable Care Act, requires that beginning in 2010 qualified health plans provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force (USPSTF). For HIV, this includes screening for adolescents and adults at increased risk, and additional preventive care and screenings for women, according to the clinical consideration go to <http://www.ahrq.gov/clinic/uspstf/uspshivi.htm>
- Beginning July 2010, the Centers for Medicare and Medicaid Services began covering HIV screening according to the clinical considerations adopted by the USPSTF. For more information go to <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=229>.
- As part of health reform's prevention and wellness provisions, some providers that conduct HIV screening may be eligible for a 1% increase in Federal Medical Assistance Percentage. For more information go to <http://www.kff.org/healthreform/8060.cfm>.
- Hospitals and some clinics may explore partnering with Federally Qualified Health Centers, which have enhanced funding for HIV testing and screening.

HIV Screening and Testing Reimbursement

For Hospitals, Physicians and Clinics

Reimbursement Charts: Following are charts that provide guidance on which types of payers reimbursement for HIV testing and screening in difference settings. Scroll down to view charts on Routine HIV Screening, HIV Diagnostic Testing, and Perinatal HIV Testing.

Routing HIV Screening

Definition: Performing an HIV test for subpopulations of persons in a defined population.

CDC Recommendations for Who Should Be Screened

- In all health care settings, patients ages 13-64, at least once in a lifetime, unless undiagnosed prevalence among patient population is <0.1%
- For all patients initiating treatment for TB and STDs
- Annually for patients at high risk

Setting	Medicare ¹	Medicaid ²	Private Plans ³	Other Sources ⁴
Hospital Inpatient	Some	Some states	Some plans	Some
Hospital Outpatient	Some	Some states	Some plans	Some

¹ Medicare reimburses for HIV screening according to the U.S. Preventive Services Task Force recommendations -- [Screening: Human Immunodeficiency Virus](#)

² The 2010 health reform law, the Patient Protection and Affordable Care Act (PPACA), includes prevention provisions for some states that increases by 1% the Federal Medical Assistance Percentage for HIV screening.

³ PPACA requires qualified health plans to provide at minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force. [Screening: Human Immunodeficiency Virus](#)

⁴ Possible sources: CDC, state or local health departments, Veterans Administration, HRSA (Ryan White), SAMHSA, local public jurisdictions, private foundations

Hospital Emergency Department	Some	Some states	Some plans	Some
Private Clinic	Some	Some states	Some plans	Some
Public Clinic	Some	Some states; Yes in all FQHCs	Some plans	Some
Veterans Administration	NA	NA	NA	Yes

HIV Diagnostic Testing

Definition: Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infections.

CDC Recommendations for Who Should Be Tested

- All patients with signs or symptoms of HIV infection or an opportunistic illness

Setting	Medicare	Medicaid	Private Plans⁵	Other Sources⁶
Hospital Inpatient	Yes	Yes	Yes	Some
Hospital Outpatient	Yes	Yes	Yes	Some
Hospital Emergency Department	Yes	Yes	Yes	Some
Private Clinic	Yes	Yes	Yes	Some
Public Clinic	Yes	Yes	Yes	Some
Veterans Administration	NA	NA	NA	Yes

⁵ The 2010 health reform legislation, the Patient Protection and Affordable Care Act, requires qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force. [Screening: Human Immunodeficiency Virus](#)

⁶ Possible sources: CDC, state or local health departments, HRSA (Ryan White), SAMHSA, local public jurisdictions, private foundations

Perinatal HIV Testing

CDC Recommendations for Who Should Be Tested

- All pregnant women should be screened as early as possible in each pregnancy
- A second test should be performed in the third trimester for women at high risk, including those living in regions with elevated incidence of HIV and AIDS. These jurisdictions include Alabama, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Mississippi, Nevada, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas and Virginia.
- Any women with undocumented HIV status at the time of labor
- Any newborn whose mother's HIV status is unknown postpartum

Stage of Pregnancy	Medicare	Medicaid	Private Plans ⁷	Other Sources ⁸
Prenatal	Yes	Some states	Some plans	Some
Third Trimester	Yes	Some states	Some plans	Some
Labor	Yes	Some states	Some plans	Some
Newborn	Yes	Some states	Some plans	Some

⁷ The 2010 health reform legislation, the Patient Protection and Affordable Care Act, requires qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force. [Screening: Human Immunodeficiency Virus](#)

⁸ Possible sources: CDC, state or local health departments, HRSA (Ryan White), SAMHSA, local public jurisdictions

Cost Calculator

This basic cost calculator (<http://www.hret.org/disparities/projects/resources/HRET-HIV-Testing-Cost-Calculator.xls>) is designed to estimate revenue and expenses for HIV screening or testing. Fill in each section of the chart according to the instructions to estimate monthly costs, monthly revenue and the average gain or loss for each test performed.

Before beginning, make sure to have the following information:

- Labor rates for each category of staff member (decide whether to include fringe benefits)
- The estimated number of hours per month/staff member to perform tests
- A list of supplies and services used in testing, and their estimated monthly costs
- The estimated number of patients tested per month by payor type
- The estimated reimbursement rate by payor per test

To obtain this information, you may wish to consult with colleagues in:

- Human Resources
- Laboratory
- Nursing
- Medical Staff
- Purchasing
- Finance/Reimbursement
- City or State Public Health

Download the cost calculator (<http://www.hret.org/disparities/projects/resources/HRET-HIV-Testing-Cost-Calculator.xls>)