Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment Two of the Webinar Series
• Provides education and capacity building services to a variety of individuals and organizations serving racial/ethnic minority communities and other vulnerable populations

• Offers robust array of tailored, specialized, capacity building services that:
  – Focus on the rapidly changing healthcare landscape
  – Encompass the entire HIV care continuum
  – Engage both prevention, care, and treatment providers
  – Build public-private partnerships
  – Focus on sustainable and meaningful outcomes
Upcoming Webinar Installments

• Webinar 3: HIV/AIDS Care: The Diagnosis (ICD-9-CM) Code
  Tuesday, March 18, 2014, 1:00PM to 2:30PM EST

   Click here to register for the third installment

• Webinar 4: HIV/AIDS Care: Coding Scenarios
  Thursday March 20, 2014, 1:00PM to 2:30PM EST

   Click here to register for the fourth installment
• 28 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 Director of Coding Education at Bronx Lebanon Hospital Center, she currently conducts coding workshops and one-on-one coding education to ensure proper documentation and coding to clinicians and administrative staff. She recently accepted a position as Chief of Health Information Management (HIM) working for the Veterans Administration.
Maximizing Third Party Reimbursement Through Enhanced Medical Documentation and Coding

Installment 2: Pathology & Laboratory HIV/AIDS CPT Codes

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Learning Outcomes

• Explain the importance of proper documentation in patient health records
• Identify and explain CPT codes
• Identify and explain the various CPT 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
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)

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
HIV Counseling Documentation (Positive Results for Asymptomatic HIV or AIDS/HIV Infection)

Initial visit for confirmed results consists of:

• 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
• 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
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

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
- Contact your local Medicaid agency for specific guidance
HIV Antibody - tests for the presence of antibodies that are produced in response to the presence of the HIV infection

- CPT 86701 – HIV 1; single result
- HCPCS G0435 – HIV 1 and/or HIV 2; single result
- CPT 86702 – HIV 2, single result
- CPT 86703 – HIV 1 & HIV 2; single result
- CPT 86689 – HIV confirmatory (Western Blot)
- Rapid HIV tests – G0435, 86701, 86702 and 86703
  - 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 – blood sample or urine sample collection

- CPT 36415 – routine venipuncture
- For HIV blood screening, must also report code 36415
HIV Antigen – testing for the presence of the HIV infection

- CPT 87389 - EIA HIV 1 antibody with HIV 1 & HIV2 antigens; qualitative or semi-quantitative; single step
- HCPCS G0432 - EIA; HIV 1 and/or HIV 2
- CPT 87390 - EIA HIV 1; qualitative or semi-quantitative; multi-step
- CPT 87391 - EIA HIV 2; qualitative or semi-quantitative; multi-step
- HCPCS G0433 - ELISA; HIV 1 and/or HIV 2
- CPT 87534 - DNA/RNA; HIV 1; direct probe
- CPT 87535 - DNA/RNA; HIV 1; amplified probe
- CPT 87536 - DNA/RNA; HIV 1; quantification
- CPT 87537 - DNA/RNA; HIV 2; direct probe
- CPT 87538 - DNA/RNA; HIV 2; amplified probe
- CPT 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-9-CM codes
  - ICD-9-CM codes covered in Series 3
- Each state Medicaid agency determines the approved modifiers
  - Contact your local Medicaid agency for specific guidance
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
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, G0433-G0435)
- **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

<table>
<thead>
<tr>
<th>Test Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>86701-92 or QW</td>
</tr>
</tbody>
</table>

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

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 (refer to slides 15-16).

• Append modifier 92 or QW to the HIV test code:
  – Check with your local Medicaid agency for the applicable modifier.
  – Refer to slides 17-19.

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

<table>
<thead>
<tr>
<th>Report the rapid HIV test CPT/HCPCS code with the applicable modifier</th>
<th>Test Product</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>86701-92 or QW</strong></td>
</tr>
</tbody>
</table>

Note: This is a point of care test performed by PCP’s and can be reported for HIV testing for same day results.
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 (refer to slides 15-16)

- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier)
  - Refer to slides 17-19

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0432-G0433</td>
<td></td>
</tr>
<tr>
<td>87389-87391</td>
<td></td>
</tr>
<tr>
<td>87534-87539</td>
<td></td>
</tr>
</tbody>
</table>

Note: This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.
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 the Pathologist to process
- 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) – refer to slides 15-16
- Append modifier 92 or QW to the HIV test code
  - Check with your local Medicaid agency for the applicable modifier
  - Refer to slides 17-19

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

Test Product 86689-92 or QW

Note: This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.
Confirmatory HIV Testing

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 (refer to slides 15-16)

• Append modifier 92 or QW to the HIV test code
  – Check with your local Medicaid agency for the applicable modifier
  – Refer to slides 17-19

Note: This is an HIV test performed by the PCP and sent downstairs to the onsite lab (or offsite) for processing.
Coding Tips

• **Point of Care (Rapid HIV) Testing and Preventive Care including Counseling**
  
  **Report:**
  - The applicable CPT/HCPCS code for the HIV test performed
  - The applicable HIV test modifier

• **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 for non-rapid testing
  - CPT 86689 for confirmatory testing
  - The applicable HIV test modifier
Coding Tips

• 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) –

• Food and Drug Administration (FDA) –
  [http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm](http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm)

• American Medical Association (AMA) –

• National Center for Health Statistics (NCHS)

• Centers for Disease Control (CDC)
Web Resources

• American Academy of Professional Coders (AAPC)

• American Health Information Management Association (AHIMA)
  http://www.ahima.org/resources/default.aspx

• The American Academy of Family Physicians (AAFP)

• American Hospital Association (AHA)
  http://www.aha.org/advocacy-issues/medicare/ipps/coding.shtml
Other Resources


• Pocket Guide to E&M Coding and Documentation. Publisher: Healthcare Quality Consultants.
Available for Download

- Slide Deck
- Webinar Recording
- Desk Reference

HealthHIV.org
Questions and Answers

Utilize the

Q & A box

to ask questions!
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• HealthHIV’s Capacity Building to Ryan White grantees:
  – Develops and/or enhances operational fiscal systems, with emphasis on monitoring standards, budgeting, fiscal standards, diversifying income streams, and quality controls for sub-grantees and vendors

• To receive Fiscal Health Training or Technical Assistance contact Julio Fonseca, Program Manager, at julio@healthhiv.org
To Request Capacity Building

HealthHIV’s National Center for Healthcare Capacity Building focuses on the entire HIV care continuum, engaging both prevention and care providers, expanding partnerships, and focusing on sustainable outcomes.

To Request CBA, please email:

michael@healthhiv.org

or visit:

http://www.healthhiv.org