

## Screening for Human Immunodeficiency Virus (HIV)

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### Changes & Effective Date

Previously: Medicare would cover Human Immunodeficiency Virus (HIV) screening only for pregnant beneficiaries and one annual voluntary screening for adolescents younger than 15 and adults older than 65 who are at increased risk for HIV infection.

Change: Effective April 13, 2015, Medicare shall cover a maximum of one, annual voluntary screening for all adolescents and adults between the age of 15 and 65, without regard to perceived risk, in addition to pregnant beneficiaries and for adolescents younger than 15 and adults older than 65 who are at increased risk for HIV infection.

### ACE Interpretation and Recommendations

Documentation must support why the beneficiary is eligible. Beneficiaries are considered eligible when they meet one of the following criteria:

- Except for pregnant Medicare beneficiaries addressed below, a maximum of one, annual voluntary screening for all adolescents and adults between the age of 15 and 65, without regard to perceived risk.
- Except for pregnant Medicare beneficiaries addressed below, a maximum of one, annual voluntary screening for adolescents younger than 15 and adults older than 65 who are at increased risk for HIV infection. Increased risk for HIV infection is defined as follows:
  - Men who have sex with men
  - Men and women having unprotected vaginal or anal intercourse
  - Past or present injection drug users
  - Men and women who exchange sex for money or drugs, or have sex partners who do
  - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users
  - Persons who have acquired or request testing for other sexually transmitted infectious diseases
  - Persons with a history of blood transfusions between 1978 and 1985
  - Persons who request an HIV test despite reporting no individual risk factors
  - Persons with new sexual partners
  - Persons who based on individualized physician interview and examination are deemed to be at increased risk for HIV infection. The determination of “increased risk” for HIV infection is identified by the health care practitioner who assesses the patient’s history, which is part of any complete medical history, typically part of an annual wellness visit and considered in the development of a comprehensive prevention plan. The medical recommendation should be a reflection of the service provided.
- A maximum of three, voluntary HIV screenings of pregnant Medicare beneficiaries: (1) when the diagnosis of pregnancy is known, (2) during the third trimester, and (3) at labor, if ordered by the woman’s clinician.

### HCPCS Codes:

- G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV 1 and/or HIV 2, screening
- G0433 – Infectious agent antibody detection by enzyme linked immunosorbent assay (ELISA) technique, HIV 1 and/or HIV 2, screening
- G0435 – Infectious agent antibody detection by rapid antibody test, HIV 1 and/or HIV 2, screening

ICD-9 codes covered:

- Primary diagnosis
  - Z11.4 – Encounter for screening for Human Immunodeficiency Virus (HIV)
- Secondary diagnoses (as appropriate). 'X' indicates a 5<sup>th</sup> digit is needed, dependent on trimester
  - Z72.89 – Other problems related to lifestyle
  - Z34.0X – Supervision of normal first pregnancy
  - Z34.8X – Supervision of other normal pregnancy
  - O09.XX, Z3A.X - Supervision of high risk pregnancy, weeks of gestation

### **Outline of CU Medicine Process**

Please distribute this information to your providers. If further education is needed, please contact ACE at [audit.ed@cumedicine.us](mailto:audit.ed@cumedicine.us)

### **Source/ Reference**

Decision Memo for Screening for the Human Immunodeficiency Virus (HIV) Infection (CAG-00409R).  
<http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=276>