



Guidance on Perinatal HIV Test Billing for Medicaid and Medicare

COVERAGE

Michigan Medicaid and Medicare cover the cost of routinized first and third trimester perinatal HIV screening. Three HIV tests are covered for each term of pregnancy, beginning with the date of the first test.

In Michigan, Medicare claims guidance and billing codes, regarding perinatal HIV screening apply to Medicaid and Medicaid managed care plans. Per *Centers for Medicare & Medicaid Services (CMS), Pub 100-04 Medicare Claims Processing, Transmittal 1935 dated March 23, 2010*, all Medicaid and Medicare plans cover:

Three, voluntary HIV screenings of pregnant beneficiaries at the following times:

- (1) when the diagnosis of pregnancy is known
- (2) during the third trimester
- (3) at labor, if ordered by the woman's physician.

Three tests will be covered for each term of pregnancy beginning with the date of the first test.

BILLING REQUIREMENTS

(CMS Rev. 1935, Issued: 03-23-10, Effective: 12-08-09, Implementation: 07-06-10)

For pregnant beneficiaries, claims shall contain HCPCS code G0432, G0433, or G0435 with diagnosis code V73.89 as primary, and one of the following ICD-9 diagnosis codes: V22.0 (Supervision of normal first pregnancy), V22.1 (Supervision of other normal pregnancy), or V23.9 (Supervision of unspecified high-risk pregnancy), as secondary.

CODES

Health Care Common Procedure Coding System (HCPCS)	Diagnosis Code Reporting
<p><i>Effective for claims with dates of service on and after December 8, 2009, implemented with the April 5, 2010, IOCE, the following HCPCS codes are to be billed for HIV screening:</i></p> <ul style="list-style-type: none"> • G0432- Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening, • G0433 - Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening, and, • G0435 - Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening. 	<p><i>(CMS Rev. 1935, Issued: 03-23-10, Effective: 12-08-09, Implementation: 07-06-10) A claim that is submitted for HIV screening shall be submitted with one or more of the following diagnosis codes in the header and pointed to the line item:</i></p> <p>a. Increased risk factors are reported: V73.89 as primary and V69.8 as secondary.</p> <p>b. Increased risk factors are NOT reported: V73.89 as primary only.</p> <p>c. Pregnant beneficiaries: the following diagnosis codes shall be submitted in addition to V73.89 to allow for more frequent screening than once per 12-month period:</p> <ul style="list-style-type: none"> • V22.0 – Supervision of normal first pregnancy, or, • V22.1 – Supervision of other normal pregnancy, or, • V23.9 - Supervision of unspecified high-risk pregnancy.

QUESTIONS?

For **Medicaid billing** questions, call the Medicaid Provider Helpline at 1.800.292.2550.

For **Medicaid policy** questions, call Penny Johnson at 517.241.5159.