



UNC  
HEALTH CARE

**MEMORANDUM #67**

TO: UNC Hospitals Attendings, Housestaff, Department Heads, Nursing Coordinators and Supervisors

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SUBJECT: **CMS-mandated changes in HIV antibody test orders**

DATE: April 21, 2010

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The Centers for Medicare & Medicaid Services (CMS) policies for HIV testing now specifically provides coverage for HIV screening in at risk populations and in pregnant women. CMS will cover both standard (ELISA) as well as FDA-approved rapid tests for:

One annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection. Eleven full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.

The US Preventative Services Task Force (USPSTF) has specified 8 increased-risk criteria that include:

1. Men who have had sex with men after 1975
2. Men and women having unprotected sex with multiple partners
3. Past or present injection drug users
4. Men and women who exchange sex for money or drugs or have sex partners who do
5. Individuals whose past or present sex partners were HIV-infected, bisexual, or injection drug users
6. Persons being treated for sexually transmitted diseases (STDs)
7. Persons with a history of blood transfusion between 1978 and 1985.
8. Persons who request an HIV test despite reporting no individual risk factors may also be considered at increased risk, since this group is likely to include individuals not willing to disclose high risk behaviors.

The first 7 of these codes require ICD-9 V73.89 as primary, and V69.8 as secondary for the claim to be paid. Criterion 8 requires only ICD-9 V73.89 for the claim to be paid.

CMS will also cover:

Three voluntary HIV screenings for pregnant Medicare 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.

**NOTE:** Three tests will be covered for each term of pregnancy beginning with the date of the 1<sup>st</sup> test. The following diagnosis codes must be submitted in addition to V73.89 to allow for more frequent screening than once per 12-month period: V22.0 (Supervision of normal first pregnancy), or V22.1 (Supervision of other normal pregnancy), or V23.9 (Supervision of unspecified high-risk pregnancy).

**NOTE:** Patients with any known prior diagnosis of HIV-related illness are not eligible for this screening coverage.

Coverage policies require that the purpose of HIV test orders be differentiated as either screening or diagnostic. In order to help physicians comply with this requirement, separate test names have been created for HIV antibody and HIV P24 antigen testing as outlined below. [Note: the same assay methods are used regardless of screening or diagnostic designation]. Beginning May 7, 2010 (in SMS) and May 9, 2010 (in CPOE) either the screening or the diagnostic HIV test must be designated when placing orders for HIV testing.

Order HIV, Screening when:

- HIV testing is used for the early detection of HIV infection in individuals with risk factors or in those who don't have risk factors but request HIV testing.
- HIV testing is used for screening during pregnancy.

Order in SMS/CPOE by browsing for the following:

**HIV Antibody, Screen**  
**HIV P24 Antigen, Screen**

Order HIV, Diagnostic when:

- HIV testing is used for patients with signs or symptoms or illness, or a confirmed HIV related diagnosis.

Order in SMS/CPOE by browsing for the following:

**HIV Antibody, Diagnostic**  
**HIV P24 Antigen, Diagnostic**

**NOTE:** Labor & Delivery should continue to order the HIV Rapid test for women with undocumented or unknown HIV status at delivery.

If you have questions please call Dr. John Schmitz 6-8453 or Kim Wait 6-8452