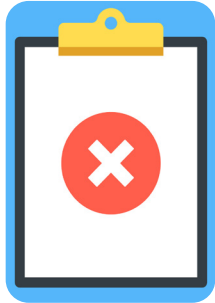



AVOIDING BILLING DENIALS

Reasons an HIV screening test may be denied:



- ✗ The test was done in a setting in which a bundled payment was negotiated for the service, and the screening is not included in the negotiated rate.
- ✗ The patient is already diagnosed with the condition, and no longer needs to be screened.
- ✗ An incorrect diagnosis is reported.
- ✗ The payer has established frequency limits for the service.
- ✗ Modifier 33 was not appended to the CPT® or HCPCS code.

Tracking provider credentials is key for avoiding and addressing denials. Be proactive and commit to monitoring the following items on a scheduled basis as part of your workflows:

- State License
 - DEA License
 - Malpractice
 - Board Certification
 - Hospital Reappointment
- 
- Driver's License
 - CLIA Certificate
 - Cardiopulmonary resuscitation (CPR)
 - Automated External Defibrillator (AED) Certification

The re-credentialing date for each carrier should also be tracked.
Re-credentialing dates vary by carrier. (e.g., annual, every 2 years)



2020 Medicare Rapid Screening Codes

Rapid HIV screening tests are reported using the following HCPCS G-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
- **G0475** - HIV antigen/antibody, combination assay, screening

2020 Medicare HIV Counseling Codes

G0445 can be utilized for High intensity behavioral counseling (HIBC) to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes

- G0445 may be paid on the same date of service as an annual wellness visit (AWV), evaluation and management (E&M) code, or during the global billing period for obstetrical care, but only one G0445 may be paid on any one date of service.
- If billed on the same date of service with an E&M code, the E&M code should have a distinct diagnosis code other than the diagnosis code used to indicate high/increased risk for STIs for the G0445 service. **An E&M code should not be billed when the sole reason for the visit is HIBC to prevent STIs.**