

Wisconsin AIDS/HIV Laboratory Reimbursement Program

PATIENT ELIGIBILITY

To be eligible to receive benefits under the program, the individual must:

- Live in Wisconsin; and
- Lack insurance coverage [i.e. those with public (Medicaid, Medicare, the VA) or private insurance of any kind (including those with only major medical insurance), or who are covered by GAMP or HIRSP are NOT eligible for the program]. **Note that individuals who are in the HIRSP 6-month waiting period are eligible for the Laboratory Reimbursement Program during that period.

Since infection with HIV is a reportable condition, reimbursement will be contingent upon the patient having a case report within the AIDS/HIV Program. If a reimbursement request is submitted for a patient who has not yet been reported, a staff person from the AIDS/HIV Program will contact the submitting physician to generate a case report via telephone. Once a case report has been generated the request will be further processed.

It is the responsibility of the claimant to verify that the patient meets the eligibility criteria and that this program is being used as the payer of last resort.

COVERED TESTS

Reimbursement requests may be submitted to the program for the following laboratory tests:

- CD4 T cell count/percentage
 - Up to 4 tests in a 12-month period per individual, consistent with current recommendations (1,2)
- Plasma HIV RNA level (i.e. Viral Load)
 - Up to 4 tests in a 12-month period per individual, consistent with current recommendations (1,2)
- Antiretroviral resistance
 - Up to 2 tests in a 12-month period per individual, consistent with the accepted time frames defining virologic failure (3)
- CCR5 Co-receptor Trofile Assay
 - Once per individual
- HLA B5701 (Abacavir Hypersensitivity)
 - Once per individual

It is understood that reimbursement requests will be submitted only for tests that conform to current recommendations for AIDS/HIV disease management and antiretroviral resistance testing in pediatric, adolescent and adult populations (1,2,3).

REIMBURSEMENT PROCEDURE

Agency Enrollment

Each agency that would like to participate in the program will be asked to complete an initial enrollment form. This enrollment form will establish the agency and associated fiscal agent as program participants so that this information does not need to be collected each time reimbursement is requested. The form should be completed by the agency or fiscal agent prior to submitting, or should accompany, the first request for reimbursement. The Agency Enrollment form is attached and is also available on the AIDS/HIV Program website at <http://dhfs.wisconsin.gov/aids-hiv/LabReimbursement>. Completed forms should be mailed or faxed to:

Division of Public Health
Attn: Laboratory Reimbursement Program, Room 318
PO Box 2659
Madison, WI 53701-2659

Fax: (608) 266-1288

Submitting the Reimbursement Request

The reimbursement request can be completed by the agency or the fiscal agent. The Reimbursement Request is attached and is also available on the AIDS/HIV Program website at <http://dhfs.wisconsin.gov/aids-hiv/LabReimbursement>. Please note that hospital-based clinics may submit reimbursement requests on the UB04 form.

A separate Reimbursement Request should be completed for each patient for whom reimbursement is requested. However, one Reimbursement Request may cover more than one laboratory test per patient.

Completed reimbursement requests should be photocopied, and a copy of the request should be retained at the submitting agency. The request can then be mailed in an envelope marked “CONFIDENTIAL” or faxed, to the same address and fax number listed above.

A Reimbursement Request must be submitted within 12 months of the date of the laboratory test for consideration for reimbursement.

Notification of Denied Reimbursement Request

Requests will be denied if incomplete Reimbursement Requests cannot be completed after multiple attempts to contact the claimant, if the patient is ineligible, if the patient’s HIV status has not been reported to the AIDS/HIV program after multiple attempts to contact the submitting healthcare provider, or if the reimbursement request date is more than 12 months after the laboratory services were provided. The claimant will be notified of a denied request via mail.

Reimbursement Rate

The tests will be reimbursed at the current Medicaid rates, which cover only the cost of the tests; the program will not reimburse the cost of the patient visit, administration fees or clinician fees. The Medicaid rate that is applicable on the date the testing was performed will be used to calculate the reimbursement amount rather than the rate at the time the request is received by the program. The maximum reimbursement rate for each approved test is shown in the attached table. The amount of reimbursement requested for each test may not exceed the maximum reimbursement rate.

Supplanting

Those agencies that receive Ryan White Part B or Part C (formerly Titles II and III) or other federal funding that covers testing as an allowable expense may utilize the reimbursement program funds to cover the cost of testing and thus free up federal funds to cover other allowable expenses.

PROGRAM CONTACT

All comments, suggestions or questions regarding the Wisconsin AIDS/HIV Laboratory Reimbursement Program should be addressed to Casey Schumann at 608-266-3495 or casey.schumann@dhs.wisconsin.gov.

REFERENCES

- (1) Centers for Disease Control and Prevention. Guidelines for Using Antiretroviral Agents Among HIV-Infected Adults and Adolescents. MMWR. 2002;51;RR-7.
- (2) Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. October 2006. Available at: <http://aidsinfo.nih.gov/Guidelines/GuidelineDetail.aspx?MenuItem=Guidelines&Search=Off&GuidelineID=8&ClassID=1>. Accessed June 1, 2007.
- (3) Hirsch MS, Brun-Vezinet F, Clotet B, et al. Antiretroviral Drug Resistance Testing in Adults Infected with Human Immunodeficiency Virus Type 1: 2003 Recommendations of an International AIDS Society-USA Panel. CID. 2003;37;113-128.

Testing Covered by the Wisconsin AIDS/HIV Laboratory Reimbursement Program

	CPT Code	Maximum Reimbursement Rate*
T Cells, total count	86359	\$52.65
T Cells, absolute CD4 and CD8 count, including ratio	86360	\$65.58
T Cells, absolute CD4 count	86361	\$37.41
Plasma HIV RNA : HIV-1, direct probe method	87534	\$27.99
Plasma HIV RNA : HIV-1, amplified probe method	87535	\$48.99
Plasma HIV RNA : HIV-1, quantification method	87536	\$118.89
Plasma HIV RNA : HIV-2, direct probe method	87537	\$27.99
Plasma HIV RNA : HIV-2, amplified probe method	87538	\$48.99
Plasma HIV RNA : HIV-2, quantification method	87539	\$59.85
Antiretroviral Resistance Testing: virtual phenotype method	87900	\$165.54
Antiretroviral Resistance Testing: genotype method	87901	\$359.34
Antiretroviral Resistance Testing: phenotype method, first 10 drugs	87903	\$682.04
Antiretroviral Resistance Testing: phenotype method, each additional 5 drugs tested	87904	\$36.38
CCR5 Co-receptor Trofile Assay	87999	\$1568.00
HLA B5701/Abacavir Hypersensitivity Assay	83891, 83900, 83896, 83912 (Quest) Other CPT codes may be used by other labs	\$59.32

CPT= Current Procedural Terminology

* Rates current as of December 3, 2008