Virginia Department of Health, Division of Disease Prevention
HIV Care Services

POLICY ON FEE-FOR-SERVICE REIMBURSEMENT FOR OUTPATIENT AMBULATORY HIV MEDICAL CARE

BACKGROUND:

The Virginia Department of Health (VDH), Division of Disease Prevention, HIV Care Services Unit, is implementing a fee-for-service payment process for outpatient ambulatory HIV medical care office visits reimbursed to service contractors. Fee-for-service is defined as a system of payment for professional services in which the practitioner is paid for a service rendered, rather than receiving salary and benefit reimbursement.

The established reimbursement rates are based on Virginia non-facility 2016 Medicare rates. The rates are located on the Centers for Medicare and Medicaid Services CMS.gov website located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html.

An allowable reimbursement fee-for-service rate is associated with a code that has an established definition with key components including complexity, severity, and time spent face-to-face. The Current Procedural Terminology **(**CPT**)** code set maintained by the American Medical Association through the CPT Editorial Panel has been used as a reference for the Virginia RWB code set to provide similarity to other billing activities of providers. The description of the CPT codes can be found on the American Medical Association website located at https://ocm.ama-assn.org/OCM/CPTRelativeValueSearch.do.

POLICY:

Effective April 1, 2014, reimbursement for contracted outpatient ambulatory HIV medical care office visits will be under a fee-for-service rate.

Fee-for-service reimbursement is only made for service provision to uninsured clients. Fees will be reimbursed according to comparable CPT coding maintained by the American Medical Association through the CPT Editorial Panel. The allowable office visit codes that can be utilized are: 99201-99205 for new clients or 99211-99215 for established clients.

Specific office visit codes and rates are set by VDH. Any claims submitted for a higher rate will not be accepted. Contractors may negotiate a lower reimbursement fee.

Total amount of funding available to a contractor for medical services is set through contractual terms. Requests for payment that exceed the contracted amount will not be reimbursed.

REVIEW OF FEE SCHEDULE:

VDH will review reimbursement rates and coding definitions annually. The Virginia RWB Fee-For-Service 2016 Rate Schedule is attached.

DOCUMENTATION:

Contractors must submit the following information for reimbursement:

- Provider information including provider name, address, phone number, and federal tax identification number
- Patient information including complete name, address, date of birth, and telephone number
- Patient Ryan White I.D. Number
- Date of Service
- Virginia Ryan White Fee-for-Service Code (CPT Code)
- Virginia Ryan White Fee-for-Service Reimbursement Rate requested

Contractors may submit a completed standard claim form CMS-1500 including the information above, or in a format approved by VDH, as supporting documentation for each uninsured client visit with monthly invoices in order to receive reimbursement. One CMS-1500 form or comparable data set must be submitted for each visit per client, serving as the source documentation that will be used for office visit reimbursement.

GUIDANCE:

VDH does not operate as an "insurer", but reimburses costs through contractual terms. Some agencies have reported that use of the CMS-1500 form may create confusion with fiscal and reimbursement departments who may believe insurance is being billed. Decisions about using a CMS-1500 form versus a comparable data set should be made in collaboration with affected agency departments.

EXCEPTION:

Any request for exception to this policy or policy requirements must be submitted in writing to:

Kimberly A. Scott, M.S.P.H.
Assistant Director, HIV Services
Division of Disease Prevention
Virginia Department of Health
P.O. Box 2448, Room 326
Richmond, VA 23218-2448

Virginia Ryan White Part B Fee-For-Service Rate Schedule (2016)

Code	Description	Ryan White Part B Fee
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	$43.30
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	$74.02
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	107.01
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	$163.53
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	$205.12
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	$19.76
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	$43.00
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	$72.34
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	$106.63
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	$143.68