

Virginia Ryan White Part B Fee-For-Service Schedule (2018)

CPT Code	Description	Standard Ryan White Part B Fee	VA Suburbs 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.	\$43.88	\$51.04
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.	\$74.75	\$86.20
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.	\$107.94	\$124.25
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.	\$164.04	\$187.06
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.	\$206.56	\$234.95
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.	\$20.20	\$23.66
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.	\$43.57	\$50.58
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.	\$73.04	\$83.79
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.	\$107.49	\$122.82
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.	\$144.72	\$164.91

Notes: The laboratory tests below are the minimum laboratory tests recommended for an HIV client. Source: <https://aidsinfo.nih.gov/guidelines/htmltables/1/5570>

Assumption: The client is well managed, engaged in care, and has no co-morbidities.

Recommended HHS HIV related tests	Frequency/year	CPT Codes	LabCorp Negotiated state rate	Amount/client	Assumptions (in determining the frequency of labs)
HIV serology	0	86701, 86702	\$ 260.00	\$ -	HIV diagnosis already established
CD4 count	1	86360	\$ 202.50	\$ 202.50	CD4 count is 300-500cells/mm3
HIV Viral Load	2	87536	\$ 409.00	\$ 818.00	Not Virally suppressed, but adherent
Resistance testing	0		\$ -	\$ -	No treatment failure nor ART initiation delay
HLA-B*5701 Testing	0	81381	\$ -	\$ -	
Tropism testing	0	87999	\$ -	\$ -	No treatment failure
Hep B Serology testing (HBsAb,HBsAg,HBcAb total)	0	83550, 83540, 87340	\$ -	\$ -	Patient has Hep B. immunity
Hep C serology testing (HCV antibody or, if indicated , HCV RNA)	0	86803, 87522,87521	\$ -	\$ -	Patient not at risk for Hep C.
Basic Chemistry	2	80048	\$ 10.68	\$ 21.36	Client does not have chronic kidney disease
ALT,AST,T.Billirubin	2	80076	\$ 10.50	\$ 21.00	
CBC with Differential	2	85025	\$ 9.01	\$ 18.02	
Fasting Lipid Profile	1	80061	\$ 26.95	\$ 26.95	Normal at last measurement
Fasting Glucose or Hemoglobin A1C	1	83036	\$ 17.76	\$ 17.76	Normal at last measurement
Urinalysis	1	81001, 81002, 81003	\$ 9.10	\$ 9.10	No chronic kidney disease
Pregnancy test	0	81025	\$ -	\$ -	ART initiation occurred soon after HIV diagnosis and entry into care
Total estimated cost per client				\$ 1,134.69	