

**Virginia Department of Health
Division of Disease Prevention
HIV Care Services Unit**

POLICY ON REIMBURSEMENT FOR OUTPATIENT AMBULATORY HIV MEDICAL CARE AND LABS

BACKGROUND:

Effective January 1, 2018, the Virginia Department of Health (VDH), Division of Disease Prevention, HIV Care Services Unit implemented a payment process for outpatient ambulatory HIV medical care office visits and labs reimbursed to Ryan White Part B (RWPB) service subrecipients for clients, especially for underinsured clients for these services. Reimbursement is for the professional service provided by these practitioners rather than receiving salary and benefit reimbursement. VDH will reimburse subrecipients or agencies for HIV-related labs based on the State's LabCorp negotiated rate schedule.

VDH developed these rates using the Centers for Medicaid and Medicare's non-facility 2018 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>. VDH will also reimburse for laboratory testing, based on recommended Health and Human Services HIV-related tests and the rates Virginia negotiated with LabCorp in its statewide contract.

The reimbursement rate for an allowable HIV medical care office 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 is the reference for Virginia's RWPB code set to provide similarity to other billing activities of providers. The description of the CPT codes is available on the American Medical Association website located at <https://ocm.ama-assn.org/OCM/CPTRelativeValueSearch.do>. Allowable outpatient ambulatory health service's visit reimbursement is also dependent on the location of service subrecipient. Reimbursement rates are slightly higher for service subrecipients operating in Virginia suburbs based on geographic variation in the CMS rates.

POLICY:

Effective January 1, 2018, reimbursement for contracted outpatient ambulatory HIV medical care office visits and labs for underinsured clients will fall under this policy.

Reimbursement is for HIV medical visits and labs as service provision to RWPB eligible uninsured clients or insured clients that are active participants of the Virginia ADAP Health Insurance Marketplace Assistance Program (HIMAP). Rates will be reimbursed according to

comparable CPT coding maintained by the American Medical Association through the CPT Editorial Panel. The allowable office visit codes are 99201-99205 for new clients or 99211-99215 for established clients.

Clients who are active participants of Virginia's ADAP Health Insurance Marketplace Assistance Program (HIMAP) qualify for reimbursement ONLY when they meet one of the following criteria:

- 1) Travel time to medical appointment > 60 minutes with public transportation or > 45 minutes with private transportation,
- 2) There are no other HIV providers in the area that can provide quality care and accept new clients,
- 3) Wait time for new patient visit at new provider > 2 weeks, and
- 4) Experience structural barriers to care that may contribute to client dropping out of care or not keeping appointments or that add excess time and cost for travel to new providers such as bridges, tunnels, tolls, distance needed to travel, unreliable transportation, etc.

VDH sets the specific office visit codes and rates. VDH will not accept any submitted claims for a higher rate. Subrecipients may negotiate a lower reimbursement rate.

Total amount of funding available to a subrecipient for these medical services is set through contractual terms. VDH will not reimburse payment requests that exceed the contracted amount.

REVIEW OF REIMBURSEMENT RATE SCHEDULE:

VDH will review reimbursement rates and coding definitions annually. The Virginia RWPB Reimbursement 2018 Rate Schedules for HIV medical office visits and recommended Health and Human Services lab tests are attached.

DOCUMENTATION:

Subrecipients 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 Reimbursement Code (CPT Code)
- Virginia Ryan White Reimbursement Rate requested
- If HIMAP active client, documentation of ONLY one of four listed criteria

Subrecipients 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 client visit with monthly invoices in order to receive reimbursement. The agency requesting reimbursement will submit one CMS-1500 form or comparable data set for each visit or lab test (or series) per client; this will serve as the documentation for VDH reimbursement. VDH will not reimburse medical care or lab services costs provided if the RWPB client is **ineligible** on the date of service.

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 implies insurance billing rather than submitting a reimbursement request to VDH. Subrecipients requesting payment should discuss the use of a CMS-1500 form versus a comparable form/data set with their 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.
Director, HIV Services
Division of Disease Prevention
Virginia Department of Health
P.O. Box 2448, Room 326
Richmond, VA 23218-2448
kimberly.scott@vdh.virginia.gov