COVERAGE INFORMATION

Medicare coverage of HIV screening began for dates of service on or after December 8, 2009.

Medicare provides coverage of both standard and Food and Drug Administration approved rapid HIV screening tests as follows:

- Once annually for beneficiaries at increased risk for HIV infection (11 full months must elapse following the month the previous test was performed in order for the subsequent test to be covered), and
- A maximum of three times per term pregnancy for pregnant Medicare beneficiaries beginning with the date of the first test when ordered by the woman's clinician, at the following times:
  - When the diagnosis of pregnancy is known,
  - During the third trimester, and
  - At labor, if ordered by the woman's physician.

Note: Beneficiaries with any known prior diagnosis of HIV-related illness are not eligible for this screening test. Medicare provides coverage for HIV screening as a Medicare Part B benefit. The beneficiary will pay nothing. There is no coinsurance or copayment or Medicare part B deductible for this benefit.

DOCUMENTATION

Medical record documentation must show that all coverage requirements were met.

RESOURCES

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare. For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MEDICARE LEARNING NETWORK® (MLN)

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Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at http://www.medicare.gov, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Medicare PREVENTIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network®

Official CMS Information for Medicare Fee-For-Service Providers

Human Immunodeficiency Virus Screening

ICN 905713 May 2011

The summary of information presented in this brochure is intended for Medicare Fee-For-Service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefit discussed in this brochure.

Acquired Immunodeficiency Syndrome (AIDS) is diagnosed when an individual infected with the Human Immunodeficiency Virus (HIV) becomes severely compromised and/or a person becomes ill with an HIV-related infection. Without treatment, AIDS usually develops, within 8-10 years after a person's initial HIV infection.

There is currently no cure for HIV. However, an infected individual can be recognized by screening, and subsequent access to skilled care, combined with vigilant monitoring and adherence to treatment, may delay the onset of AIDS and increase the quality of life for many years.

Significantly, more than half of the new HIV infections are estimated to be sexually transmitted from infected individuals who are unaware of their HIV status. Consequently, wider availability of screening linked to HIV care and treatment could decrease the spread of disease to those living with or partnered with HIV-infected individuals.

HIV infection disproportionately impacts identifiable racial, gender, and ethnic groups, and thus requires sensitivity to cultural and linguistic barriers to screening and access to medical care. By transmission category, men who have sex with men remain the most affected group in the United States, accounting for about half of Americans living with HIV. Most HIV infections in American woman are heterosexually acquired, including a 4.1 percent increase per year between 1999 and 2004 among women aged 60 and older.

HIV SCREENING

Diagnosis of HIV infection is primarily made through the use of serologic assays. These assays take one of two forms:

- Antibody detection assays, and
- Specific HIV antigen (p24) procedures.

The antibody assays are usually enzyme immunoassays, which are used to confirm exposure of an individual's immune system to specific viral antigens. These assays may be formatted to detect HIV-1, HIV-2, or HIV-1 and 2 simultaneously, and to detect both Immunoglobulin M (IgM) and Immunoglobulin G (IgG). When the initial EIA test is repeatedly positive or indeterminate, an alternate test is used to confirm the specificity of the antibodies to individual viral components.

The HIV-1 core antigen (p24) test detects circulating viral antigen, which may be found prior to the development of antibodies and may be present in later stages of illness in the form of recurrent or persistent antigenemia. Its prognostic utility in HIV infection has been diminished as a result of development of sensitive viral ribonucleic acid (RNA) assays, and hits primary use today is as a routine screening tool in potential blood donors.

In several unique situations, serologic testing may not reliably establish an HIV infection. This may occur because the antibody response has not yet developed or is persistently equivocal because of inherent viral antigen variability. It is also an issue in perinatal HIV infection due to transplacental passage of maternal HIV antibody. In these situations, laboratory evidence of HIV in blood by culture, antigen assays, or proviral deoxyribonucleic acid (DNA) or viral RNA assays is required to establish a definitive determination of HIV infection.

RISK FACTORS

While anyone can contract HIV, the United States Preventive Services Task Force has identified eight increased-risk criteria:

- Men who have had sex with men after 1975,
- Men and women having unprotected sex with multiple (more than one) partners,
- Past or present injection drug users,
- Men and woman who exchange sex for money or drugs or who have sex partners who do,
- Individuals whose past or present sex partners were HIV-infected, bisexual, or injection drug users,
- Individuals being treated for sexually transmitted diseases,
- Individuals with a history of blood transfusion between 1978 and 1985, and
- Individuals who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.