


Introducing NASTAD's Updated PrEP, PEP, and Other HIV Prevention Strategies: Billing and Coding Guide

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Disclosures

No conflicts of interest to disclose



→ MISSION ←

NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

→ VISION ←

NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

Session Overview

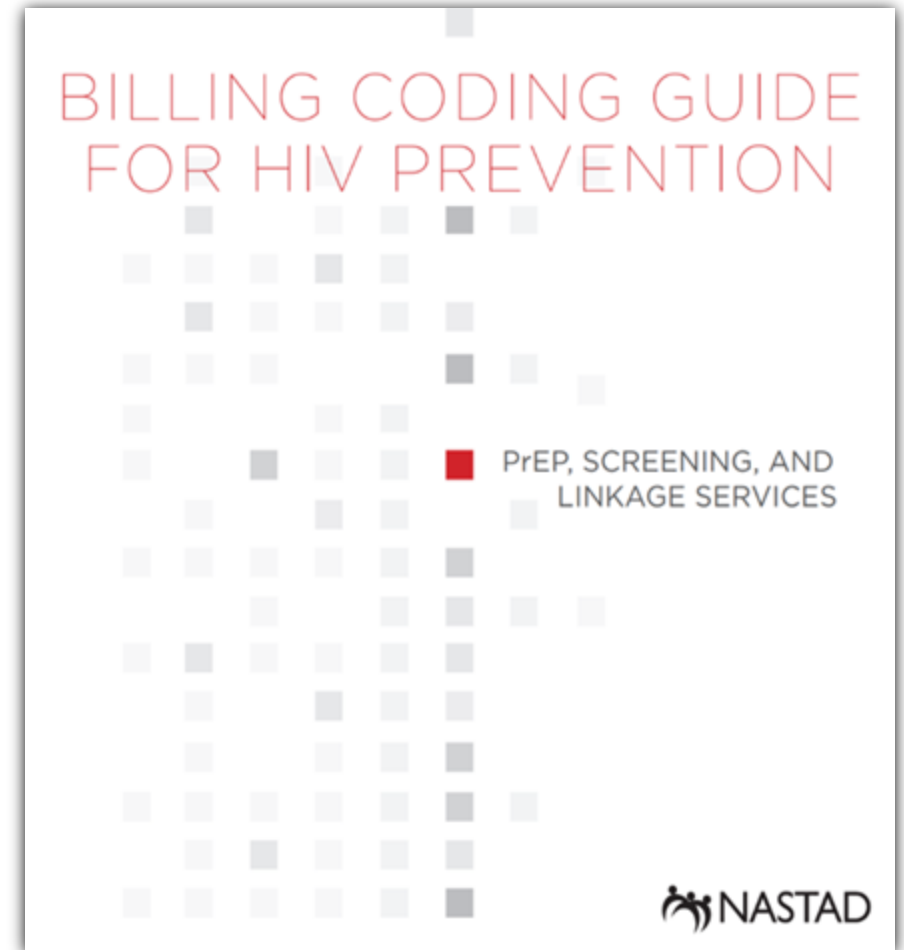
Setting the Stage: PrEP Access Changes and Challenges

Overview: Updated Billing Guide

Setting the Stage: PrEP Access Changes, Challenges, and Guide Update Process

PrEP Access Landscape Changes

- Introduction and implementation of the United States Preventive Services Grade A recommendation for PrEP
- FDA approval of both TAF/FTC and long-acting injectable cabotegravir
- Introduction of Generic TDF/FTC
- Release of CDC's updated PrEP clinical guidelines in 2021



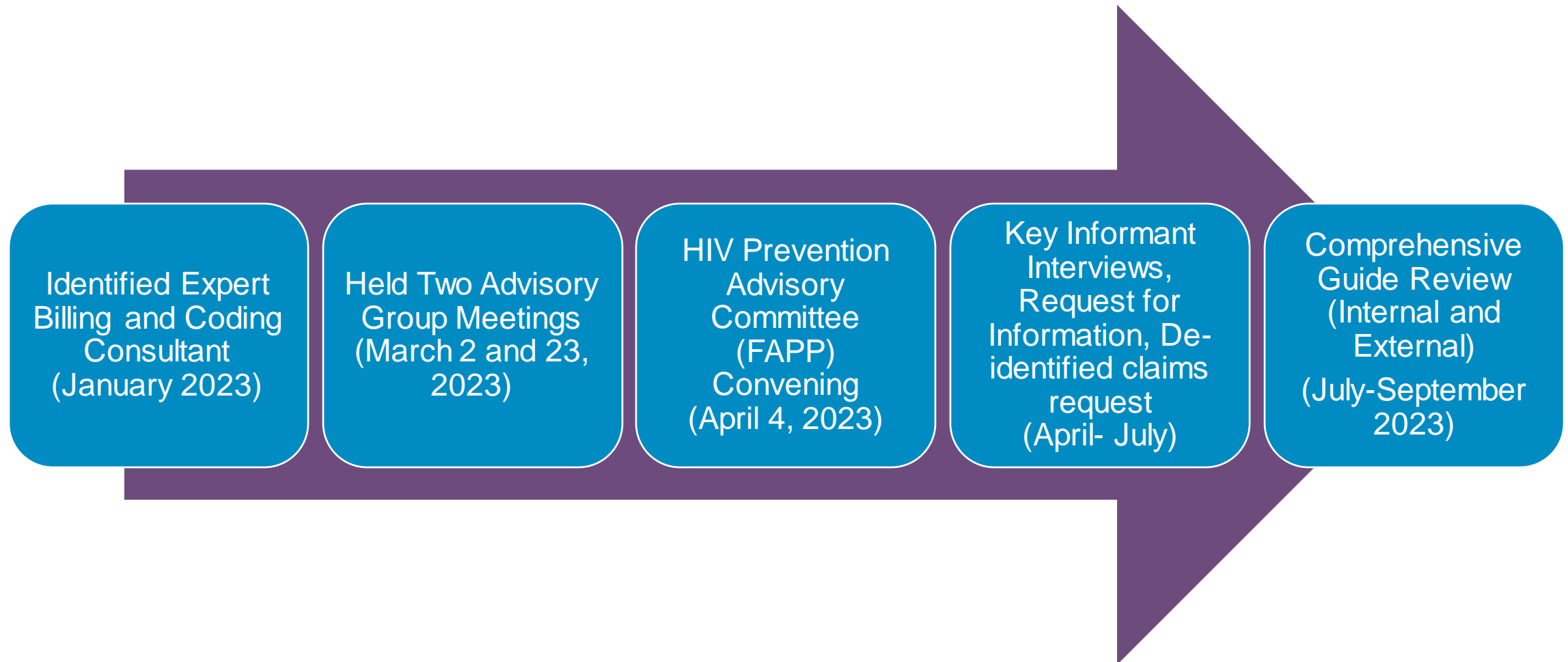
Billing and Coding Challenges

Many buckets of challenges:

- Labs
 - Intervals
 - PrEP lab panels
- No ICD-10 code for PrEP, no “right” code
- Lack of capacity to manually check each claim to a health plan
- Health plan’s being unclear, inconsistent coverage
- Coded incorrectly
- Stigmatizing codes– high risk homosexual behavior
- Modifier 33 not being adopted
- Client’s employer plan is grandfathered unknowingly



Update Process



Guide Released October 5, 2023

Pre-Exposure Prophylaxis (PrEP),
Post-Exposure Prophylaxis (PEP), and
Other HIV Prevention Strategies

Billing and Coding Guide

October 2023

Update Overview

- Updates address:
 - USPSTF implementation
 - Long-acting injectable PrEP implementation
 - Self-testing
 - PEP
 - Troubleshooting claim denials
 - And more

New Tools & Resources Highlights

- ICD-10 code
- HCPCS codes
- Payer Policies
- NASTAD Billing and Coding Guide for HIV Prevention
 - Visits – PrEP, PEP, and TelePrEP
 - Modifiers
 - Denial and Appeal tools



ICD-10 Code

Effective 10/1/2023

Z29.81 - Encounter for HIV pre-exposure prophylaxis

Excludes 1

desensitization to allergens (Z51.6)

prophylactic surgery (Z40.-)

Code Also Notes

if applicable, risk factors for HIV, such as:

contact with and (suspected) exposure to human immunodeficiency virus [HIV] (Z20.6)

The code description specifically states pre-exposure.

high-risk sexual behavior (Z72.5-)

The use of this code is not recommended due to the stigmatizing language.

Resources for Altering Claim Outcome

Claim Outcome	Resource
The claim was denied with no payment to the provider and no cost-share to the patient.	<ul style="list-style-type: none">• Commonly occurring denials are listed with corrective action• Appeal letter templates with rationale and supporting resources• Always review payer policy before appealing a claim. Understand the denial reasons.
The claim was paid, but the payment amount or the patient cost-share or deductible did not process as expected	<ul style="list-style-type: none">• Appeal letter templates with rationale and supporting resources.• Utilize NASTAD's PrEP Cost Sharing Complaint Template• Confirm that the plan is not a grandfathered plan before appealing

PrEP Cost-Sharing Complaint Template

- Customizable template letter to assist providers and patients issue a cost-sharing complaint

To Whom It May Concern:

I am an enrollee of [NAME OF PLAN] through my [NAME OF EMPLOYER OR IF INDIVIDUAL MARKET REFERENCE IF IT WAS PURCHASED ON MARKETPLACE OR OFF MARKETPLACE]. For the current plan year [REFERENCE PLAN YEAR] the plan ID is: [PLAN ID]. I am writing to appeal and request review of the plan's decision and overall policy to charge for cost sharing associated with pre-exposure prophylaxis (PrEP), a covered preventive service. This practice violates the Affordable Care Act (ACA) preventive services coverage and cost-sharing protections.

My plan is a [FILL IN PLAN TYPE]

- Qualified Health Plan (QHP) sold in the [INDIVIDUAL OR SMALL GROUP] group [MARKETPLACE OR OFF-MARKETPLACE] market in [STATE]
- Self-funded non-federal government plan (e.g., a plan offered by a municipality)
- Self-funded employer plan
- Large group employer plan (fully insured)
- Small group employer plan (fully insured)

As such, it is subject to the ACA's Essential Health Benefits requirements, including the preventive services coverage and cost-sharing provisions codified at 42 USC §300gg-13 and 29 CFR § 2590.715-2713. Under these provisions, non-grandfathered group health plans are required to cover services with a Grade A or B from the U.S. Preventives Services Task Force (USPSTF) without cost sharing, starting no later than the plan year beginning one year after the final recommendation. In June of 2019, the USPSTF gave PrEP final Grade A recommendation.¹ In July 2021, the Departments of Labor, Health and Human Services, and Treasury issued guidance for plans on implementation of the coverage and cost-sharing requirements.² The guidance clarifies that in addition to providing access to the PrEP medication without cost sharing, plans also must cover the following ancillary services without cost sharing:

- HIV testing, including HIV-1 RNA testing (at initiation and every three months consistent with CDC guidelines³)
- Hepatitis B and C testing (at initiation and periodically consistent with CDC guidelines)
- Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR) (at initiation and periodically consistent with CDC guidelines)

Where to Learn More

- Webinar further detailing the guide and an FAQ are available
- <https://nastad.org/resources/billing-coding-guide-hiv-prevention>

Contact Information

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