

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

October 18, 2023

Session Overview

Setting the Stage: PrEP Access Landscape Changes, Challenges and Process

Utilizing the Guide

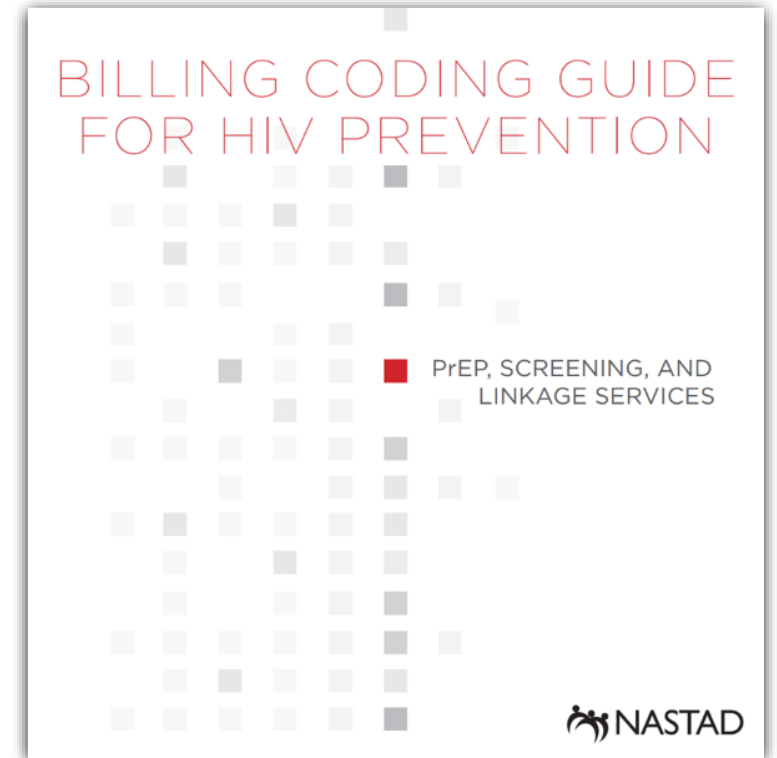
Implementation Enforcement and the Road Ahead

Q+A and Discussion

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 Descovy[®] and long-acting injectable cabotegravir
- Introduction of Generic TDF/FTC
- Release of CDC's updated PrEP clinical guidelines in 2021



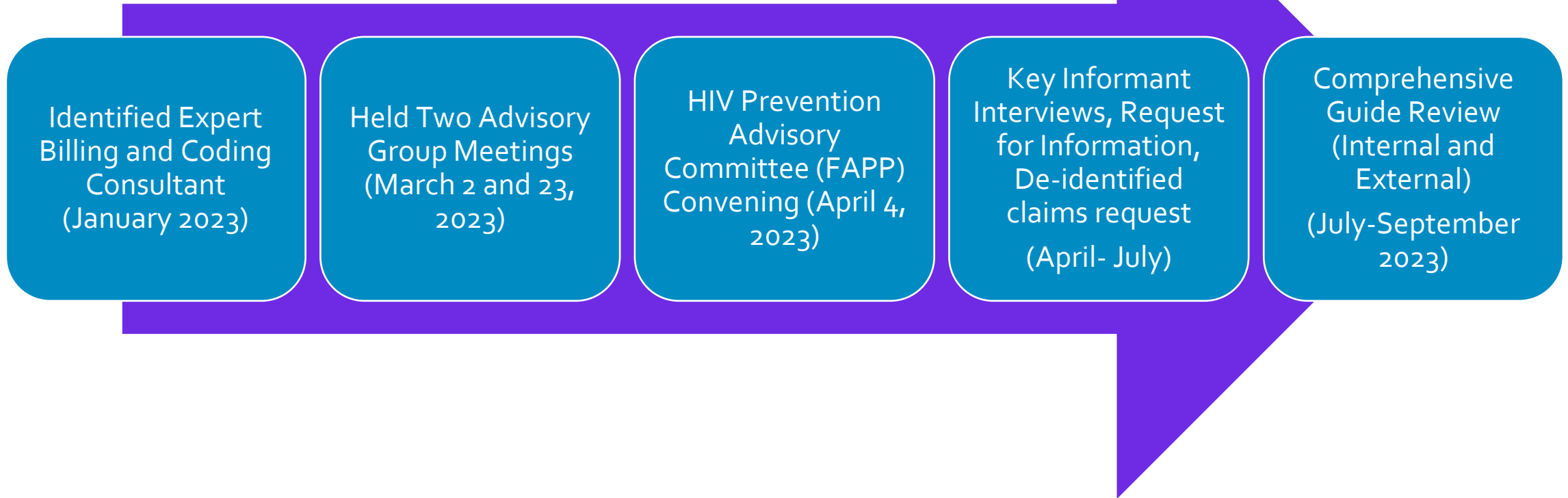
Billing and Coding Challenges

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

<https://nastad.org/resources/billing-coding-guide-hiv-prevention>

October 2023

Utilizing the Guide

New Tools & Resources Highlights

- ICD-10 code
- HCPCS code
- 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.

HCPCS Code

Effective 7/1/2022

J0739 - Injection, cabotegravir 1 mg

- Report this code with units. One unit is reported for each 1 mg of cabotegravir administered.
- Reimbursement amount determined for code J0739 is based on one unit.
- If 600 mg of cabotegravir is administered, report J0739 with 600 units.

Payer Policies

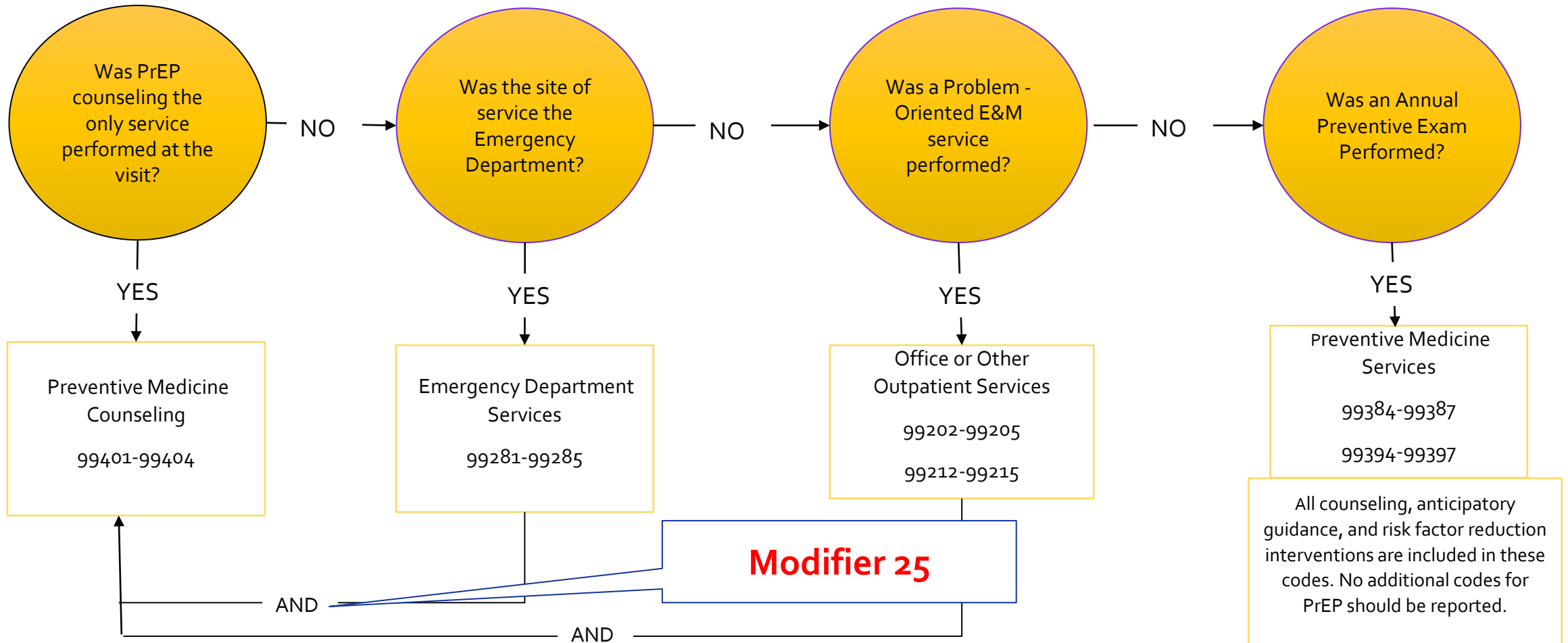
Since 2016 many payers have created and published payer policies for PrEP

Payers may not have updated PrEP medical policies to include Z29.81 yet

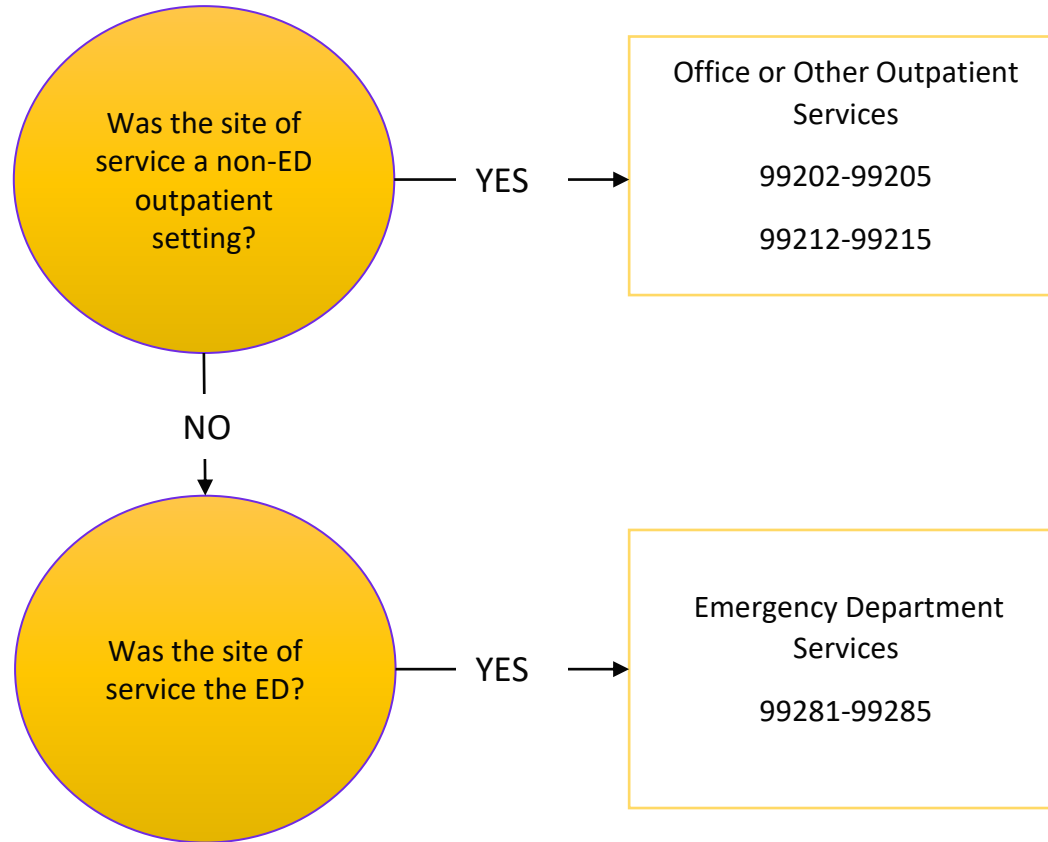
Find, read, understand, and adhere to payer policies for your organization's top payers

Communicate with provider representatives at the payers

PrEP E&M Counseling Decision Tree



PEP E&M Counseling Decision Tree



Physician office
Outpatient hospital
Clinic
Federally Qualified Health Center (FQHC)
Rape crisis center
Departments of health
School clinic
Mobile clinic
Urgent care facility
Campus clinic
State or local agency hotlines
Community health center

TelePrEP Visits

- TelePrEP visits are telehealth visits specifically for PrEP.
- The counseling services rendered by a telePrEP provider are the same as those administered when the services are face-to-face.
- Find and read the payer policy.
 - What CPT codes are allowed for a virtual visit?
 - What technology modifiers are required?
 - What place of service codes are required?

Modifiers

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Significant, Separately
Identifiable E&M

- Report with a visit code that is performed on the same day as another visit
- Report with a visit code that is performed on the same day as a minor procedure i.e. drug administration
- **The documentation must clearly show significant and separately identifiable services**

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Preventive Services

- Report when the primary purpose of the service is the delivery of an evidence-based service in accordance with a USPSTF A or B rating
- Do not report for separately reported services specifically identified as preventive
- Do not report if payer policy specifically rule out its use

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

Implementation Enforcement and the Road Ahead

Coverage Sources for PrEP

Exhibit 1 Estimates of insurance status and preexposure prophylaxis (PrEP) costs, by HIV transmission risk group, United States, 2018

Population inputs	Total	MSM	HET women	HET men	PWID
No. of adults with PrEP indications	1,216,210	851,240	188,020	86,660	87,530
Insurance status (%)					
Private	63.6^a	70.9	56.4	56.7	17.6
Public	20.6^a	15.1	28.4	19.1	59.7
Uninsured	15.5^a	14.0	15.2	24.2	22.7

Source: Robert A. Bonacci, Michelle Van Handel, Rebecca Huggins, Seidu Inusha, and Dawn K. Smith, *Estimated Uncovered Costs For HIV Preexposure Prophylaxis In The US, 2018*, Health Affairs, Vol. 42, NO. 4 April 2023.

DEFINING (AND COSTING OUT) PREP

Table A. Costs and Utilization Assumptions for PrEP and Associated Services for People without Insurance

Service	Undiscounted Costs	Frequency	Annual Undiscounted Costs
Medication			
Generic TDF/FTC	\$1,790.91	Monthly	\$21,490.92
Brand-name TAF/FTC	\$1,875.93	Monthly	\$22,511.16
Generic TDF/FTC	\$35.37	Monthly	\$582.12
Laboratory Tests			
Baseline HIV test (no copay)	\$138.50	Quarterly	\$554.00
Hepatitis B Surface Antigen (no copay)	\$53.00	Once (initial visit)	\$53.00
Hepatitis B Surface Antibody (no copay)	\$40.50	Once (initial visit)	\$40.50
Hepatitis B core antibody IgM (no copay)	\$91.50	Once (initial visit)	\$91.50
Metabolic panel / creatinine test	\$29.00	Bi-annual	\$58.00
Gonorrhea & Chlamydia Screening			
1 site	\$123.00	Quarterly	\$492.00
2 sites	\$246.00		\$984.00
3 sites	\$369.00		\$1,476.00
Syphilis Screening (no copay)	\$61.50	Quarterly	\$246.00
Pregnancy Test	\$29.00	Quarterly	\$116.00
Medical Services			
Primary Care Physician Visit	\$97.00	Once (initial visit)	\$97.00
Follow up Primary Care Physician Visit	\$50.00	Quarterly after initial visit	\$150.00

Apretude: long-acting injectable PrEP medication available \$22,500 per year

HIV RNA test: \$400

What Does the USPSTF Grade A for PrEP Mean?

The ACA requires most private insurance plans and Medicaid expansion programs to cover U.S. Preventive Services Task Force (USPSTF) services with a Grade A or B without cost sharing

The mandate applies to all non-grandfathered plans, including ACA Marketplace plans, fully insured group plans, and self-insured plans

In June 2021, federal agencies clarified that the cost protections include not only medication, but also the labs, clinic visits, and counseling

The guidance also clarified that plans could preference one medication over another as long as clinical criteria were followed

The USPSTF is currently finalizing an update to the USPSTF recommendation for PrEP that will include Apretude as well

Compliance with these coverage and cost sharing requirements has been an issue...

Many Americans still paying high costs months after insurers were ordered to cover HIV preventive care

By Sarah Varney, Kaiser Health News
Published 6:19 AM EST, Mon February 28, 2022

Despite federal rules, HIV prevention drug still comes with costs

The billing errors have forced some to stop taking the medicine, putting them at heightened risk of contracting the virus.

By [Jessica Bartlett](#) Globe Staff, Updated January 8, 2023, 4:58 p.m.



Filing Complaints



What kind of plan do I have?

- Qualified Health Plan (I bought it through the Marketplace or in the ACA regulated individual market)
- Group fully insured
- Self-insured (usually large employers)
- Non-federal government plan (e.g., municipal)

Where should I file a complaint?

- Plan
- Benefits administrator
- Employer Human Resources
- State Department of Insurance
- Department of Labor (DOL)
- Centers for Medicare and Medicaid Services (CMS)

[NASTAD's Complaint Template](#) Can Help!

NASTAD Resource: PrEP Cost Sharing Complaint Template

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

<https://nastad.org/resources/prep-cost-sharing-template>

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)

What about Medicare?

Medicare is close to finalizing a National Coverage Determination (NCD) for PrEP

The NCD would require Medicare Part B to cover long-acting injectable PrEP without cost sharing

The NCD would also move all PrEP ARVs from Medicare Part D to Medicare Part B to allow them to be covered without cost sharing

The NCD would also require some PrEP required labs to be covered without cost sharing

What about Braidwood?

Last spring, a federal district judge in Texas struck down the ACA's requirements for plans to cover USPSTF Grade A and B services issued before 2010 without cost sharing, with specific aim at PrEP

The federal government appealed and the Fifth Circuit Court of Appeals has issued a stay of the nationwide injunction, meaning the ACA's preventive services remain in place during the appeal

There is a lot at stake on appeal as the plaintiffs have filed a cross appeal attempting to get ALL of the ACA's preventive services struck down, not just the USPSTF services

Case will likely reach the Supreme Court and will take years to work its way up the appeals ladder

Q+A and Discussion

Stay Updated! NASTAD PrEP Access Listserv Sign-up



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