



Dear Valued Customer,

**Coding for Abbott™ HIV Tests**

Determine HIV-1/2 Ag/Ab Combo is an *in vitro*, visually read, qualitative immunoassay for the simultaneous detection of Human Immunodeficiency Virus Type 1 (HIV-1) p24 antigen (Ag) and antibodies (Ab) to HIV Type 1 and Type 2 (HIV-1 and HIV-2) in human serum, plasma, capillary (fingerstick) whole blood or venipuncture (venous) whole blood. Two separate and distinct qualitative results are obtained for antibodies to HIV Type 1 and Type 2 (HIV-1 and HIV-2) and HIV-1 p24 antigen. Use the following CPT® code when billing for Determine HIV-1/2 Ag/Ab Combo (except Medicare for screening):

**87806 Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies**

**Medicare Coverage for HIV Screening**

Medicare covers one annual voluntary HIV screening for individuals at increased risk for HIV infection and three screenings for pregnant Medicare beneficiaries: once during each term of a pregnancy. Details of this coverage policy may be found in Publication 100-03, National Coverage Determinations Manual (NCD), Section 210.7 and Publication 100-04, Medicare Claims Processing Manual (CPM), Chapter 18, Section 130.<sup>1</sup>

**Medicare Coding for HIV Screening Tests:**

The following HCPCS code is to be used for billing HIV screening for covered individuals using whole blood (fingerstick or venous), serum, or plasma specimens:

**G0475 HIV antigen/antibody, combination assay, screening**

Determine HIV-1/2 Ag/Ab Combo. Medicare added coverage for Ag tests for HIV screening in 2015<sup>1</sup> and the new HCPCS code, G0475, was added to the Medicare Part B Clinical Laboratory Fee Schedule in 2017. Use a QW modifier if using Determine HIV-1/2 Ag/Ab Combo as a CLIA-waived test (when testing fingerstick whole blood).

**Coding Summary**

Test	CLIA	Payer	Screening	Not screening
Determine HIV-1/2 Ag/Ab Combo	Moderate	Medicare	G0475	87806
		Non-Medicare	87806	87806
	Waived	Medicare	G0475QW	87806QW
		Non-Medicare	87806	87806

**Reimbursement for HIV Tests**

Medicare Part B payment for HIV tests is according to the current Clinical Laboratory Fee Schedule. Current Medicare fees can be viewed on [www.codemap.com/alere](http://www.codemap.com/alere). For other payers, please contact the payer.

If you have further questions, please contact your local Abbott Account Executive. You may also contact the CodeMap® Reimbursement Support Service at: (847) 381-5465 or email [alere@codemap.com](mailto:alere@codemap.com).

Abbott cannot guarantee or promise coverage or payment for any particular item or services from any payer or health plan. To be eligible for coverage, an item or service must be medically necessary for the individual patient, have been performed as reported, and appropriate documentation should be available in the patient's medical record. It is the individual provider's responsibility to determine appropriate coding, charges and claims for a service. Policies regarding appropriate coding and payment levels can vary greatly from payer to payer and change over time, Abbott recommends that providers contact their own regional payers to determine appropriate coding and charge or payment levels. Abbott specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information presented here.

<sup>1</sup>CMS. Pub 100-04 Medicare Claims Processing Manual, Chapter 18, Section 130, [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf); subject to change

<sup>2</sup>CMS. Tests Granted Waived Status Under CLIA, [www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf)