



Coverage Guide for HIV Testing

Approximately 1.2 million people are living with HIV in the United States and one in eight (156,300 people) are unaware of their infection. The number of new infections has remained steady around 50,000 cases per year. Ensuring that all those living with HIV are aware of their status is critical to both their individual health and public health. HIV-positive individuals aware of their status are able to engage in care and life-saving treatment, resulting in improved health care outcomes. Additionally, people who are aware of their HIV-positive status are more likely to take steps to avoid future transmission. When a person is on treatment and has an undetectable viral load, the chance of HIV transmission is very low thus making treatment a form of prevention. The first step in realizing these positive outcomes is to make individuals aware of their HIV status through testing.

Cost continues to be a barrier to HIV testing, specifically routine testing. Fortunately, under strong recommendations for routine HIV testing and the Affordable Care Act (ACA), more health care payers cover HIV screening.

New Coverage Opportunities and the USPSTF

- Under the ACA, millions of people are gaining access to health coverage through optional state Medicaid expansion, private insurance Marketplaces, and insurance reforms. This coverage expansion includes access to free or low-cost preventive services.
- The United States Preventative Services Task Force (USPSTF), an independent government supported body, reviews and grades preventative services. Under the ACA, Medicaid and private insurance are either required or incentivized to cover “A” and “B” graded services. Medicare incorporates USPSTF recommendations following a National Coverage Determination.
- In April, 2013, the USPSTF revised its [recommendation](#) for routine HIV testing, giving an “A” grade for routine testing for those aged 15-65. It also reaffirmed its previous “A” grade for pregnant women and those at increased risk for HIV under age 15 and over age 65.
- This grade change acknowledges the benefits of routine HIV testing and the drawbacks of relying only on risk-based testing. This is an important step forward in ending HIV/AIDS. Now, it is essential that medical providers implement the USPSTF recommendation and offer routine HIV testing to their patients. It is also important for primary care clinics and health departments that provide HIV testing to bill health care payers for these services. Reimbursement of HIV testing reduces one barrier to making routine HIV screening a reality.

How Health Care Payers Cover Preventive Services and HIV Testing

Private Insurance

- The ACA requires most private insurance plans in the individual and group markets to cover USPSTF “A” and “B” graded services without cost-sharing. This requirement does not apply to grandfathered plans that existed before the ACA was enacted and have not undergone major changes.

- All non-grandfathered insurance plans, including Qualified Health Plans (QHPs) available on the Health Insurance Marketplaces, must cover HIV screening for pregnant women and those “at increased risk,” as well as routine HIV screening for those aged 15-65, as outlined in the current USPSTF recommendation.
- Under the ACA, non-grandfathered private insurance plans are also required to cover a set of “Women’s Preventative Services” defined by the Secretary of HHS without cost-sharing. Annual HIV screening and counseling for sexually active women is one of the eight preventive services that must be covered.

Medicaid (Traditional)

- Traditional Medicaid can cover HIV testing in various ways, depending on whether such testing is considered medically necessary, and whether a state has elected to cover preventive services without cost-sharing.
- By law, all state Medicaid programs must cover “medically necessary” laboratory services, including HIV testing for adults.
- States can also elect to cover testing on a routine basis. As of May 2015, [42 states](#) cover routine HIV testing for adults.
- Further, the ACA incentivizes state Medicaid programs to cover all USPSTF “A” & “B” preventive services (including routine HIV testing) without cost-sharing by offering the state a 1% increase in federal matching payments. As of May 2016, 11 states (CA, CO, DE, HI, KY, NH, NJ, NV, NY, OH and WI) have been approved to receive this increased funding for expanding preventive coverage, and therefore cover, without cost-sharing, HIV testing for pregnant women, those aged 15-65, and for those outside that age group who are at an increased risk.

Medicaid (Expanded)

- States that expand their Medicaid program to cover all those living below 138% of the federal poverty level provide additional coverage opportunities for preventive services.
- Medicaid expansion plans, or “Alternative Benefit Plans,” must cover all “A” and “B” graded services, as well as Women’s Preventative Services, without cost-sharing.
- Therefore, those enrolled in Medicaid expansion plans have coverage of routine HIV testing as recommended by the USPSTF.

Medicare

- The Medicare Improvements for Patients and Providers Act of 2008 allows Medicare to cover “A” & “B” graded preventive services provided in primary care settings that receive a National Coverage Determination. The ACA removes beneficiary cost-sharing for these preventive services.
- In April 2015, Medicare issued a [National Coverage Determination](#) based on the USPSTF’s 2013 recommendations. Medicare now covers once-annual HIV screening for all beneficiaries age 15-65, without copayment, regardless of risk. Pregnant women are covered for three tests, and those under age 15 and older than 65 who are “at increased risk” are covered for one test annually.

June 2016 (rev.)



The AIDS Institute | www.theaidsinstitute.org

17 Davis Blvd. Suite 403, Tampa, FL 33606 / PH 813 258 5929 / FX 813 258 5939

1705 DeSales St NW, Suite 700, Washington, DC 20009 / PH 202 835 8373 / FX 202 835 8368