

## NYS Medicaid Coverage for HIV Pre-Exposure Prophylaxis (PrEP) Related Services

*PrEP provides effective protection against HIV, a predominantly sexually transmitted disease. Information about PrEP should be included when counseling sexually active patients about pregnancy and STI prevention. HIV disproportionately affects the transgender or non-binary (TGNB) community and PrEP is often indicated. Information regarding Medicaid coverage for gender-affirming hormones is included in response to requests from PrEP providers.*

|  | Fee for Service (FFS)   | Medicaid Managed Care (MMC)*   | Notes   |
|--|---|--|---|
| <b>1. Medication</b>   |   |  |   |
| PrEP medication  | Yes   | Yes  |   |
| Prior Authorization (PA) required?   | Generally, no. A PA is required in cases where there is no evidence of an HIV test in claims history. (90 days prior to the claim submission) **  | No - but an HIV test is required every 3 months to rule out HIV seropositivity | **The FFS PA allows for an immediate 30-day supply of medication to avoid an interruption in therapy pending an HIV test claim. Once the test is billed to Medicaid, the submitted claim is evident in claims history and acts as confirmation that HIV testing was done. |
| <b>2. Testing</b>  |   |  |   |
| <b>Test for HIV every 3 months while on PrEP</b>   |   |  |   |
| Office-based HIV testing   | Yes   | Yes  |   |
| Home-based HIV testing   | No  | No   |   |
| <b>Gonorrhea (GC) and chlamydia (CT) testing - including extragenital testing at exposed sites</b>   |   |  |   |
| GC & CT NAAT testing (genital, rectal and pharyngeal sites)  | Laboratories are reimbursed for multi-site testing. Provider reimbursement for specimen collection is included in the provider global fee.  |  |   |
| Self-collected specimens for genital and extragenital GC & CT testing  | Yes, laboratory testing is covered when the provider supplies the collection device, a prescription/fiscal order (defined as an authenticated request to a clinical laboratory for the provision of a test) and the specimen is processed by Medicaid enrolled NYS certified laboratory |  |   |
| Home STI testing   | No  | No   |   |
| <b>3. Gender affirming medications</b>   |   |  |   |
| Gender affirming hormones/drugs  | Yes   | Yes*   | See <a href="#">Medicaid Updates 2016-05</a> and <a href="#">2017 DOH Medicaid Updates – Volume 33</a>  |
| Medically necessary treatment with cross-sex hormone therapy including testosterone cypionate, conjugated estrogen, and estradiol, is covered for individuals 18 years of age and older. For patients who are 16 or 17 years of age and meet the applicable criteria listed in the 2016 update, payment is based upon a determination of medical necessity made by a qualified professional. Payment for a patient who is under 16 years of age and who otherwise meets these requirements will be made in specific cases if medical necessity is demonstrated by a qualified medical professional and prior approval is received. |   |  |   |
| <b>4. Non-prescriber care and services</b>   |   |  |   |
| External and internal condoms and emergency contraceptives   | Over-the-counter contraceptives and condoms can be obtained at participating pharmacies. Covered non-prescription drugs and over the counter items require a fiscal order (includes all the information contained on a prescription).   |  |   |
| RN visits: PrEP follow-up (99211)  | Yes   | Yes  |   |

\* Please contact the MMC plan directly with questions or for additional information regarding a specific plan's coverage

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|--|-----------------------|------------------------------|---|
| <b>5. Telehealth</b>   |                       |                              |   |
| Home and office-based telehealth visits  | Yes                   | Yes                          | For visits equivalent to a face-to-face visit and meeting the requirements in the Telehealth Medicaid Update (provider, location, HIPAA-compliant). |
| Refer to Medicaid Update: Special Edition Expansion of Telehealth: <a href="https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm">https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm</a> |                       |                              |   |

### Relevant ICD-10 codes, CPT codes, and Telehealth Modifiers

| ICD-10 Codes   | Code     |
|--|----------|
| PrEP (Contact with and (suspected) exposure to HIV)  | Z20.6    |
| HIV testing (Encounter for screening for human immunodeficiency virus)   | Z11.4    |
| STI Testing (Encounter for screening for infections with a predominantly sexual mode of transmission)  | Z11.3    |
| Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission   | Z20.2    |
| CPT- 4 Codes   |          |
| HIV-1 antibody test  | 86701    |
| HIV-1 and HIV-2 antibody - single assay  | 86703    |
| HIV-1 antigen(s) with HIV-1 and HIV-2 antibodies   | 87806    |
| Telehealth Modifiers   | Modifier |
| <b>Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system</b><br><i>Note:</i> Modifier 95 may only be appended to the specific services covered by Medicaid and listed in Appendix P of the AMA's CPT Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system. | 95       |
| <b>Via interactive audio and video telecommunication systems</b><br><i>Note:</i> Modifier GT is only for use with those services provided via synchronous telemedicine for which modifier 95 cannot be used.   | GT       |
| <b>Via asynchronous telecommunications system</b><br><i>Note:</i> Modifier GQ is for use with Store-and-Forward technology.  | GQ       |
| <b>Significant, separately identifiable evaluation &amp; management (E&amp;M) service by the same physician or other qualified health care professional on the same day as a procedure or other service</b><br><i>Example:</i> The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with modifier 25.  | 25       |

For the most up-to-date PrEP recommendations and resources refer to [NYSDOH Clinical Guidelines for PrEP](#).