

REIMBURSEMENT REQUEST WISCONSIN AIDS/HIV LABORATORY REIMBURSEMENT PROGRAM

Personally identifiable information on this form will only be used to verify that the client's HIV status has been reported to the Wisconsin AIDS/HIV Program

INSTRUCTIONS: Please fill out one form per patient. The same form may be used to request reimbursement for more than one laboratory test for the same patient.

SECTION I. PATIENT INFORMATION

| | | | |
|-----------|------------|----------------|---------------|
| Last Name | First Name | Middle Initial | Date of Birth |
|-----------|------------|----------------|---------------|

Patient Medical Record Number (Optional)

Eligibility Verification (check relevant boxes): Patient is a Wisconsin resident Patient is currently uninsured

SECTION II. PROVIDER INFORMATION

| | | | |
|-----------|------------|----------------------------------------------|------------------|
| Last Name | First Name | Professional Designation (e.g. MD, DO, etc.) | Telephone Number |
|-----------|------------|----------------------------------------------|------------------|

Agency Name

SECTION III. LABORATORY INFORMATION

| | Laboratory Name | CPT Code (Check all the apply) | Sample Collection Date ^a | Amount of Reimbursement Requested ^b |
|----------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| CD4 Count/Percentage | | <input type="checkbox"/> CPT # 86359 <input type="checkbox"/> CPT # 86360 <input type="checkbox"/> CPT # 86361 | | \$ |
| Viral Load | | <input type="checkbox"/> CPT # 87534 <input type="checkbox"/> CPT # 87535 <input type="checkbox"/> CPT # 87536 <input type="checkbox"/> CPT # 87537 <input type="checkbox"/> CPT # 87538 <input type="checkbox"/> CPT # 87539 | | \$ |
| Antiretroviral Resistance | | <input type="checkbox"/> CPT# 87900 <input type="checkbox"/> CPT# 87901 <input type="checkbox"/> CPT# 87903 <input type="checkbox"/> CPT# 87904 | | \$ |
| CCR5 Co-receptor Trofile Assay | | <input type="checkbox"/> CPT# 87999 | | \$ |
| HLA B5701 (Abacavir Hypersensitivity Assay) | | (CPT Varies) | | \$ |

^a If sample collection date is not available, please use an alternative date and indicate which date was used

^b Maximum reimbursement rate shown in the table on page 2 of this form

Note: Reimbursement processing will be delayed, or the request may be denied, if:

- A fiscal agent for the submitting physician has not been identified,
- The request form is incomplete,
- Each of the patient eligibility criterion are not checked, or
- If the patient's HIV status has not been reported to the AIDS/HIV Program.

Please make a copy of this request for your records and return the completed form in an envelope marked “**CONFIDENTIAL**” to:

Division of Public Health
 Attn: Laboratory Reimbursement Program, Room 318
 PO Box 2659
 Madison, WI 53701-2659

Or fax to: (608) 266-1288 (confidential fax)

Laboratory tests covered by the Wisconsin AIDS/HIV Laboratory Reimbursement Program

| | CPT Code | Maximum Reimbursement Rate* |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|
| T Cells, total count | 86359 | \$52.65 |
| T Cells, absolute CD4 and CD8 count, including ratio | 86360 | \$65.58 |
| T Cells, absolute CD4 count | 86361 | \$37.41 |
| Plasma HIV RNA : HIV-1, direct probe method | 87534 | \$27.99 |
| Plasma HIV RNA : HIV-1, amplified probe method | 87535 | \$48.99 |
| Plasma HIV RNA : HIV-1, quantification method | 87536 | \$118.89 |
| Plasma HIV RNA : HIV-2, direct probe method | 87537 | \$27.99 |
| Plasma HIV RNA : HIV-2, amplified probe method | 87538 | \$48.99 |
| Plasma HIV RNA : HIV-2, quantification method | 87539 | \$59.85 |
| Antiretroviral Resistance Testing: virtual phenotype method | 87900 | \$165.54 |
| Antiretroviral Resistance Testing: genotype method | 87901 | \$359.34 |
| Antiretroviral Resistance Testing: phenotype method, first 10 drugs | 87903 | \$682.04 |
| Antiretroviral Resistance Testing: phenotype method, each additional 5 drugs tested | 87904 | \$36.38 |
| CCR5 Co-receptor Trofile Assay | 87999 | \$1568.00 |
| HLA B5701/Abacavir Hypersensitivity Assay | 83891, 83900, 83896, 83912 (Quest) Other CPT codes may be used by other labs | \$59.32 |

CPT= Current Procedural Terminology

* Rates current as of December 3, 2008