State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 13 No. 71 **November 2003**

TO: Independent Clinical Laboratories and
Hospital Based Laboratories - **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: Antiretroviral Resistance Testing:
Genotype, Phenotype and Virtual Phenotype

EFFECTIVE: For dates of service on or after November 1, 2003

PURPOSE: To notify Independent Clinical Laboratories and Laboratory Providers that as of November 1, 2003, the New Jersey Division of Medical Assistance and Health Services (DMAHS) will reimburse for Antiretroviral Resistance Testing.

ACTION: For claims with dates of service on or after November 1, 2003, the New Jersey Medicaid program and NJ FamilyCare (NJFC) fee-for-service programs will reimburse a Clinical Laboratory provider for the following Antiretroviral Resistance Testing:

HCPCS CODE	DESCRIPTION	MAXIMUM FEE ALLOWANCE
87901	Genotype	$350.00
87999	Virtual Phenotype (Ordered with 87901 Genotype) **NOTE:** This is a temporary procedure code. Laboratories will be advised further regarding the billing of “0023T” for this service.	$80.00
87903	Phenotype (First ten drugs tested)	$675.72
87904	Phenotype (each additional up to 5 drugs tested) (List separately in addition to the primary procedure code, must be utilized in conjunction with 87903)	$36.00

Reimbursement for each test is limited to three per year (12 month period). Please contact Phyllis Valeri-Bruschini, M.T., Laboratory Consultant, at 609-588-4610 to request an exception to this limitation.

Attached to this newsletter is the Antiretroviral Testing Checklist Criteria. The completed criteria checklist MUST be kept with the beneficiary's medical record.

Education is a critical component of this initiative to provide DMAHS coverage for Antiretroviral Testing. Educational seminars will be offered by Fisher Medical Communication, in co-sponsorship with New York and New Jersey AIDS Education Training Center (New Jersey local performance site), and the University of South Florida College of Medicine, in cooperation with the University of Medicine and Dentistry of New Jersey (UMDNJ) and the New Jersey Medicaid Program.

It is strongly recommended that Medicaid providers attend one of these educational seminars. The seminars will be provided throughout the State of New Jersey in March and April of 2004. Seminar dates will be announced to laboratory providers through Fisher Medical Communication.

If you have any questions or concerns please contact Phyllis Valeri-Bruschini, M.T., Laboratory Consultant, Division of Medical Assistance and Health Services, at (609) 588-4610.

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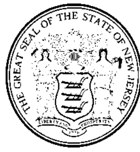

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ANTIRETROVIRAL RESISTANCE TESTING CHECKLIST OF CRITERIA

TO BE KEPT WITH THE BENEFICIARY'S MEDICAL RECORDS

Medicaid Number:________________________________ Date:___________________

The above patient is under my medical care and needs to have a resistance test. I am ordering the test for the following reason:

Adult Patients:

_____The patient is on antiretroviral therapy (ART) and is virologically failing the regimen as defined in New Jersey Medicaid's Antiretroviral Resistance Testing Standards.

______The patient has a sub-optimal virologic response after the initiation ART as defined in the Guidelines.

______The patient has acute HIV infection (i.e., infection< 6 months).

______The patient is pregnant.

______Other:

Pediatric Patients:

______The patient is a newly infected:___infant ____child____adolescent.

______The HIV RNA has not decreased as expected within 4 to 6 months of initiating HAART, or when there is viral rebound as described in the Guidelines.

______Other: ____

The patient has demonstrated good adherence to the antiretroviral regimen and there is documentation of this in the patient's medical record.

Test to be ordered: ___Genotype ___ Phenotype ___ Virtual Phenotype
Date of last resistance test:____/_____/______
Type of test previously ordered: ___Genotype ___Phenotype ___Virtual Phenotype

Signed:____
New Jersey License Number:_____________________________________
New Jersey Medicaid Number:____________________________________

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