

AAHIVM to Publish Monographs on Billing and Coding Regulatory Issues

Series Follows Publication of Academy's Landmark HIV Reimbursement Guide

The Reimbursement Committee of the American Academy of HIV Medicine (AAHIVM) has announced plans to publish a yearly series of monographs to improve and further refine Academy members' understanding of billing and coding regulatory issues unique to an HIV specialty practice. The educational series follows the release of the Committee's first publication, *The Physician's Guide to HIV Reimbursement*. The Guide, published this past winter, assists HIV specialists in complying with reimbursement coding guidelines set forth by Medicare. [Note: AAHIVM members who have not yet received a copy of the Guide should contact the Academy's office at 310-278-6380.]

The Reimbursement Committee is asking AAHIVM members to share "interesting and challenging office visits" for inclusion in the series. The Academy's reimbursement specialists will review submissions and highlight particularly interesting issues for inclusion in the monographs with ideal progress notes and highest allowable billing codes identified and discussed.

The Academy's reimbursement agenda, as well its legislative agenda, focuses in large part on health insurers properly reimbursing defined HIV Specialists in a fair and equitable manner. AAHIVM is taking an active role in defining the qualifications of an HIV Specialist (see related article). Several legislative bills have been introduced around the country to ensure that health insurers provide ready access to qualified HIV Specialists for their subscribers. California Assemblyman Paul Koretz recently introduced a bill in the state legislature requiring that "on or before January 1, 2002, every health care service plan covering hospital, medical, or surgical expenses develop and file a plan establishing risk-adjusted capitated rates for the reimbursement of providers for the treatment of enrollees infected with

HIV". The bill requires that HIV Specialists caring for Medi-Cal patients with HIV infection be paid at a rate in accordance with the above-specified requirements.

In a related matter, the Reimbursement Committee is also addressing the question of the unique and evolving role played by HIV treatment providers in medicine: Are HIV treatment providers primary-care physicians providing high-level primary care or specialists who provide primary care in addition to a specialty? Dr. Jon Kaiser, chair of the Academy's Reimbursement Committee, thinks the answer is increasingly "specialists who also provide primary care." If that is the case, Dr. Kaiser believes insurers are getting a "bargain" by paying specialists to provide both specialty and primary care to their subscribers instead of paying a specialist in addition to a primary-care provider.

Dr. Kaiser said, "Medicare and other third-party payers should explain why, as specialists, HIV treatment providers are paid no more, and sometimes less, than the average generalist." He also added

that the Committee is forming a "think tank" to explore how best to advocate for the evolving needs of HIV treatment providers in this area.

Dr. Kaiser commented, "the ultimate goal of the Reimbursement Committee is to educate, and improve our relationships with, the companies, government institutions, and other organizations providing health insurance to HIV+ individuals so that a unique appreciation of the daily challenges an HIV specialist faces can occur." Dr. Kaiser concluded, "fair and equitable reimbursements will surely follow a clearer understanding of the services we provide to patients."



Editor's Note: The Reimbursement Committee asks members who want to share practice experiences that may be interesting to include in the monograph series to send a brief case history, description of the office visit, and any questions they have, by email to reimbursement@aahivm.org or by fax to (310) 278-6380. Suggestions on specific visit types to include in the monographs are also welcome.

AAHIVM Announces HIV/AIDS Specialist Qualifications

Criteria Define an HIV Specialist

Los Angeles, CA – The American Academy of HIV Medicine (AAHIVM) has established criteria defining what it means to be a specialist among physicians and other health care workers treating individuals with HIV/AIDS. The development of a definition comes at a time when AIDS patients, health care providers, and public-health officials are attempting to address the rapid changes and escalating costs of treating HIV/AIDS.

The Academy's effort concerning HIV/AIDS specialists is among the first attempts nationally to establish a yardstick by which to measure the quality of care being provided to individuals with AIDS. The Academy's definition emphasizes that the base-

line criteria for an HIV specialist is the ability to demonstrate Continuous Professional Development (CPD) in the area of HIV treatment. This differs from other organizations' definitions that require only that an arbitrary number of patients are seen or units of Continuing Medical Education (CME) completed. Other criteria that AAHIVM requires an HIV specialist satisfy are:

- 1) Be a licensed physician, doctor of pharmacology, nurse practitioner or physician assistant.
- 2) Take part in ongoing medical education programs (at least 15 CME, or continuing medical education credits annually, as well as complete a self-assessment examination; or complete 30 hours of CME credits and not be required to participate annually in an

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