

## Medicare & PrEP Coverage

### ICD 10 Codes

- Z29.81: Encounter for HIV pre-exposure prophylaxis
- Z11.4: Encounter for screening for human immunodeficiency virus [HIV]
- Increased risk factors reported: Z11.4, Z29.81, Z20.6, Z20.2, Z11.3, Z11.59, Z20.5, Z72.51, Z72.52, Z72.53
  - Effective 4/7/2025: Z72.89, Z32.00, Z32.01, Z32.02, Z20.828, Z20.89, Z20.9

### FQHC Clinic Billing

- For claims with dates of service on or after September 30, 2024, use code G0011 when a physician or another qualified health professional provides the counseling. For FQHCs, bill with G0466 or G0467, and this is a qualifying visit.
- When auxiliary personnel provide counseling, use code G0013. This service is packaged in the FQHC PPS payment.
- PrEP refills don't require visits.
- FQHCs don't have to enroll as a "Part B pharmacy" when billed through the clinic (**This does NOT include an FQHC pharmacy**).
- Payment
  - Until 12/31/2024, cost of the drugs should be added to Medicare Cost Report.
  - After 1/1/2025, 100% of the Medicare payment amount will be paid on a claim-by-claim basis.
- These services are billed and paid separately from the PPS and there are no same-day billing denials.
- **340B Note: All J Codes should include the TB modifier to comply with Inflation Reduction Act requirements.**
- Codes

Code	Descriptor
J0739	Injection, cabotegravir, 1mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)
J0799	FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified
G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or QHP to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes
G0012	Injection of pre-exposure prophylaxis (prep) drug for HIV prevention, under skin or into muscle
G0013	Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence

### FQHC Pharmacy Billing

- Must enroll as a Medicare Part B Pharmacy Supplier (CMS-855B) or a DMEPOS Supplier (CMS-855S)
- If enrolled as a “mass immunizer,” the pharmacy must still enroll as a pharmacy supplier.
- **340B Note: All J Codes should include the TB modifier to comply with Inflation Reduction Act requirements.**
- Codes (Through 12/31/2024)

Code	Descriptor	Notes
J0739	Injection, cabotegravir, 1mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Apretude®
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Truvada® & Approved Generics
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Descovy®
J0799	FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Any other drug approved in the future
Q0516	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription oral drug, per 30-days	Supply Fee
Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription oral drug, per 60-days	Supply Fee
Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription oral drug, per 90-days	Supply Fee
Q0519	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription injectable drug, per 30-days	Supply Fee
Q0520	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription injectable drug, per 60-days	Supply Fee

- Codes (Starting 1/1/2025)

Code	Descriptor	Notes
J0739	Injection, cabotegravir, 1mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Apretude®
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Truvada® & Approved Generics
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Descovy®
J0799	FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Any other approved drugs
Q0521	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription drug	Supply Fee