

**Ryan White Program
Service Delivery Guidelines
Fiscal Year 2019
(Year 29)**

**Section XI –
Protocol for
Newly Identified Clients**



***Miami-Dade County
Office of Management and Budget
Grants Coordination***

NEWLY IDENTIFIED CLIENT (NIC) CODE

-- process for NIC referrals to outpatient medical care and provision of RWP services --

OVERVIEW

The Newly Identified Client (NIC) code is to be used only for newly identified HIV-positive clients in advance of confirming client eligibility for local Ryan White Program (RWP) services. A newly identified HIV-positive client is defined as an individual who has an HIV reactive test result, but a pending confirmatory HIV test result.

Prior to completing a formal RWP Intake and Assessment for newly identified HIV-positive clients (while pending an HIV confirmatory test result), a total of up to three (3) visits (encounters) with an outreach worker and up to three (3) visits (encounters) with a medical case manager (MCM) and/or a peer educator/counselor (PESN), as well as up to one (1) outpatient medical care visit for initial evaluation (CPT Evaluation and Management codes 99201, 99202, 99203, or 99204) may be billed to the RWP **within a combined 30 calendar day period**. This 30-day period begins once the client is registered in the SDIS. Services funded by RWP dollars will either continue or cease for these newly diagnosed clients after the 30-day period depending on the HIV confirmatory test result. No exemptions or extensions to this 30 calendar day window will be considered.

REFERRAL PROCESS to Outpatient Medical Care (OMC)

One (1) initial primary outpatient medical care visit for a newly identified client may be billed to the RWP within 30 calendar days after the client is registered in the SDIS. To be valid for this purpose, a non-certified referral for outpatient medical care services funded by the RWP must be generated by a RWP medical case manager (MCM) or outreach worker. The referral must have an indication that the client is a “newly identified client” (NIC). The referral process is as follows:

1. **Non-Certified Referral to OMC** generated by a RWP Outreach Worker or a RWP Medical Case Manager from the SDIS with the following comment: “Client is newly diagnosed with a preliminary reactive result and is pending a confirmatory HIV test result (newly identified client - NIC). The referral for NIC is limited to only 1 initial primary outpatient medical care visit (initial evaluation and labs); expires on [add date based on 30 calendar days after the client’s registration date in the SDIS].”
2. Client must sign the SDIS Informed Consent or the Outreach Consent depending on referring source.
3. The outreach worker, medical case manager, or peer assists client with scheduling appointment with a RWP Outpatient Medical Care provider of the client’s choice.

NOTE: The initial primary outpatient medical visit must be scheduled and provided within the 30 calendar days after the client is registered in the SDIS. A confirmatory HIV test result will be required to obtain further Ryan White Program services.

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ALLOWABLE SERVICES

Outreach and Medical Case Management services: The three (3) “NIC” visits (encounters) with the outreach worker and the three (3) “NIC” visits (encounters) with MCM/PESN are to be used for the following:

- a. Connecting a newly diagnosed client to medical case management (for Outreach only).
- b. Providing supportive counseling and support in preparation for linkage to care (i.e., connection to a medical provider);
- c. Assisting the client in gathering documentation to confirm RWP eligibility in order to link the client to outpatient primary medical care or medical case management services; and/or
- d. Referring the client to a medical provider for an initial outpatient medical visit.

The billing code “NIC” should be used to record allowable Outreach and/or MCM/PESN services to newly identified HIV-positive clients only. The limit in the SDIS for this activity is a maximum of three (3) Outreach encounters and a maximum of three (3) MCM/PESN encounters to be completed within a total of 30 calendar days after the client is registered in the SDIS.

Outpatient Medical Care (OMC) services: The one (1) “NIC” visit (encounter) with an OMC provider is to be used for the initial provision of comprehensive, coordinated, professional diagnostic and therapeutic primary outpatient medical care services (limited to outpatient medical care evaluation codes 99201, 99202, 99203, or 99204). Medical services provided at the initial visit may include:

- a. Comprehensive initial history and lab tests;
- b. Initial ARV prescription¹;
- c. Mental health and substance abuse assessment;
- d. Physical examination, including review of systems;
- e. Vital signs, including weight, BMI, height;
- f. Gynecological exam including pap smear and pelvic for females;
- g. Rectal examination and stool guaiac testing;
- h. Sexual transmitted infection assessment as appropriate including at a minimum Gonorrhea (GC), Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions;
- i. Age appropriate cancer screening;
- j. Adherence to medications;
- k. Risk reduction;
- l. Safer sex practices discussions, which may include PrEP, PEP, nPep and condom usage;
- m. Preconception counseling for men and women;
- n. Birth Control assessment;

¹ ADAP eligible clients should be referred to ADAP to obtain antiretroviral medications (ARVs). If not ADAP-eligible, short-term ARV assistance should be obtained from General Revenue (GR) provider.

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One of the following CPT Evaluation and Management (E/M) billing codes must be used to record allowable OMC services to newly identified HIV-positive clients only: 99201, 99202, 99203, or 99204, as appropriate. The limit in the SDIS for this activity is a maximum of one (1) OMC encounter (i.e., one CPT E/M code) to be completed within 30 calendar days after the client is registered in the SDIS. Laboratory tests necessary for managing client care will not be limited to this one medical visit.