

Instructions for HIV Prophylaxis (nPEP) and Supplemental Reimbursement Form

1. **Medical Facility** – No need to fill this field out. It will be submitted with the SAFE form which identifies your facility.
2. **SAFE Account** - No need to fill this field out. It will be submitted with the SAFE form which identifies your facility.
3. **Patient Name.** If patient chooses to not provide their name at the time of the exam you may use Jane/John Doe in place of patient name. Specific ID numbers must be used in addition to Jane/John to differentiate from nonreported claim.
4. **Did patient have a SAFE conducted at time of HIV Risk Assessment?** A SAFE must be done in order to receive reimbursement for HIV Prophylaxis. If the patient chooses not to have a SAFE any prophylaxis is billable to patient/insurer.
5. **Patient Medical Record Number.** The medical record number must match what is submitted online with the SAFE request and on the patient itemized statement.
6. **Date When Treatment Started:** The treatment date when HIV Prophylaxis was given and SAFE conducted. The dates must match up.
7. **Was the patient under the age of 18?**
8. **Was the patient assessed for exposure to HIV Risk?** Was the patient asked about risk factors at the time of the SAFE about possible exposure to HIV?
9. **Was the patient determined at risk per the CDC HIV Risk Assessment?** [CDC HIV Risk Behaviors](#)
10. **If yes, patient determined at risk for HIV, was a HIV Rapid Screen Assessment completed?**
 - HIV Rapid Screen is required for reimbursement (if not done, hospital may not bill the patient) for adults.
 - If a Rapid Screen was not used, please explain.
 - What was the result of the test?
11. **Was patient given the 28-day dose of HIV Prophylaxis (nPEP)?**
If no, why? Facilities that do not provide patients with the full 28 dose regimen are ineligible for HIV Prophylaxis reimbursement and are unable to bill the patient or their insurer for charges incurred per 109:7-1-02(B).

NOTE: On 1/1/2018 in order to receive reimbursement for SAFE and the HIV prophylaxis, the 28 day regimen is required when patient is assessed at risk and agrees to the medication. If patient declines nPEP, provider is able to seek reimbursement for SAFE only.

Reimbursable costs include testing for pregnancy testing, liver and kidney function, presence of infection including but not limited to respiratory and sexually transmitted infection, rapid HIV screening test, labs, nPEP, medical provider services related to both SAFE and the HIV assessment, and any follow-up care. All services and their actual costs must be noted on the submitted pdf invoice.

If follow-up care is provided by the medical facility, future reimbursements may be submitted, using the HIV Supplemental form, up to **8 months** from the initial treatment date of service.

Medical charges incurred for the HIV assessment are not billable to the patient or their insurer. The OAG will reimburse up to \$2500 for the above noted services. If charges exceed the maximum reimbursement the medical facility cannot bill the patient or their insurer for the balance.

HIV PROPHYLAXIS SUPPLEMENTAL FORM INSTRUCTIONS

- 1. Medical Facility.** Provide the medical facility name used for SAFE claims.
- 2. SAFE Account.** Provide the facility number used when submitting a SAFE claim.
- 3. Patient Name.** If patient chooses to not provide their name at the time of the exam you may use Jane/John Doe in place of patient name. Specific ID numbers must be used in addition to Jane/John to differentiate each nonreported claim.
- 4. Treatment date for Reimbursement.** Provide date the follow-up treatment was provided. List follow-up services provided on this specific date.
- 5. Patient Medical Record Number.** The medical record number must be the same used for a previous patient where HIV Prophylaxis was given.
- 6. First Treatment Date.** Original date the patient was treated for HIV exposure post-SAFE.
- 7.** The Supplemental HIV Prophylaxis form and pdf itemized statement, reflecting actual costs of medication and services rendered, shall be emailed to safe@ohioattorneygeneral.gov.