

AIDS or HIV Counseling, Testing, and Treatment

Description	<p>The testing for AIDS and other HIV related conditions are included in the definition of family planning services.</p> <p>Note: Even though they are outside the scope of family planning coverage, this document outlines coverage for the counseling and treatment of AIDS and other HIV related conditions as well.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Family Planning Services• STD Counseling, Testing, and Treatment				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.21.24</td><td>Updated to new template.</td></tr></table>	Date	Description	6.21.24	Updated to new template.
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Commercial

Introduction

This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.

Benefits (all except MMP)

Refer to the table below.

Service	Coverage	Provider Information
Counseling	<ul style="list-style-type: none">Quote preventive benefits.	MN Fully Insured Plans: <ul style="list-style-type: none">INN benefits apply to both INN and OON providers.No referral needed for Elect/Essential.ACO plan members are encouraged to stay INN but will receive INN benefits from any INN or OON provider. All Other Plans: <ul style="list-style-type: none">INN benefits apply to INN providers.OON benefits apply to both OON providers.
Testing	<ul style="list-style-type: none">Quote laboratory benefits. When done in a facility, also quote facility benefits.<ul style="list-style-type: none">Provider may also bill an office visit, quote office visit benefits as well.Note: If done during a preventive screening and the member is not presenting symptoms or concerns, would be covered under <i>Preventive</i> benefit.	MN Fully Insured Plans: <ul style="list-style-type: none">INN benefits apply to both INN and OON providers.No referral needed for Elect/Essential.ACO plan members are encouraged to stay INN but will receive INN benefits from any INN or OON provider. All Other Plans: <ul style="list-style-type: none">INN benefits apply to INN providers.OON benefits apply to both OON providers.
Treatment	<ul style="list-style-type: none">Coverage is based on the services received.<ul style="list-style-type: none">Example: Office visit, quote office visit benefits.	<ul style="list-style-type: none">INN benefits apply to INN providers.OON benefits apply to OON providers.
HIV medication note	<ul style="list-style-type: none">The first fill of a new HIV medication will be limited to a 30-day supply.	

Mayo Medical Plan (MMP)

Refer to table below.

Service	Coverage	Provider Information
Counseling	<ul style="list-style-type: none">Quote preventive benefits.	<ul style="list-style-type: none">INN benefits apply to both INN and OON providers.
Testing	<ul style="list-style-type: none">Quote preventive benefits.	<ul style="list-style-type: none">INN benefits apply to both INN and OON providers.
Treatment	<ul style="list-style-type: none">Coverage is based on the services received.<ul style="list-style-type: none">Example: Office visit, quote office visit benefits.	<ul style="list-style-type: none">INN benefits apply to INN providers.OON benefits apply to OON providers.

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Counseling: Quote preventive benefits.• Testing: Quote diagnostic services.<ul style="list-style-type: none">– Note: STD testing, if done during a preventive screening, and the member is not presenting symptoms or concerns, would be covered under Preventive benefits.• Treatment: Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Benefits depend on services.</p> <ul style="list-style-type: none">• Counseling: Quote preventive benefits.• Testing: Quote outpatient diagnostic tests and therapeutic services and supplies..<ul style="list-style-type: none">– Note: STD testing, if done during a preventive screening, and the member is not presenting symptoms or concerns, would be covered under Preventive benefits.• Treatment: Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.• Medica is the only payer.
Cost (Prime)	<p>Benefits depend on services.</p> <ul style="list-style-type: none">• Counseling: Quote preventive benefits.• Testing: Quote outpatient diagnostic tests and therapeutic services and supplies.<ul style="list-style-type: none">– Note: STD testing, if done during a preventive screening, and the member is not presenting symptoms or concerns, would be covered under Preventive benefits.• Treatment: Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.• Follows Medicare guidelines.
Med Advantage	<p>Benefits depend on services.</p> <ul style="list-style-type: none">• Counseling: Quote office visit benefits.• Testing: Quote HIV screening benefits.• Treatment: Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.• Follows Medicare guidelines.• Medica is the only payer.
Med Supp (Select, Signature)	<p>Benefits depend on services.</p> <ul style="list-style-type: none">• Counseling: Quote preventive benefits.• Testing: Quote laboratory benefits.<ul style="list-style-type: none">– Note: STD testing, if done during a preventive screening, and the member is not presenting symptoms or concerns, would be covered under Preventive benefits.• Treatment: Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.

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Government Programs, Continued

Medicaid

- Benefits depend on services.
- **Counseling:** Quote preventive benefits.
 - **Testing:** Quote diagnostic services. When done in a facility, also quote facility benefits.
 - **Note:** STD testing, if done during a preventive screening, and the member is not presenting symptoms or concerns, would be covered under Preventive benefits.
 - **Treatment:** Coverage is based on the services received.
 - **Example:** Office visit, quote office visit benefits.

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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.

Benefits

Refer to table below.

Service	Coverage	Provider Information
Counseling	<ul style="list-style-type: none">Quote preventive benefits.	<ul style="list-style-type: none">INN benefits apply to both INN and OON providers.Note: IFB ACO plan members are encouraged to stay INN but will receive INN benefits from any INN or OON provider.
Testing	<ul style="list-style-type: none">Quote preventive benefits.	<ul style="list-style-type: none">INN benefits apply to both INN and OON providers.Note: IFB ACO plan members are encouraged to stay INN but will receive INN benefits from any INN or OON provider.
Treatment	<ul style="list-style-type: none">Coverage is based on the services received.<ul style="list-style-type: none">– Example: Office visit, quote office visit benefits.	<ul style="list-style-type: none">INN benefits apply to INN providers.OON benefits apply to OON providers.

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