



ESTADO LIBRE ASOCIADO DE PUERTO RICO  
**OFICINA DEL COMISIONADO DE SEGUROS**

---

4 de septiembre de 2015

**CARTA CIRCULAR NÚM.: CC-2015-1865-ES**

A TODOS LOS ASEGURADORES AUTORIZADOS A SUSCRIBIR SEGUROS DE SALUD Y A LAS ORGANIZACIONES DE SERVICIOS DE SALUD QUE SUSCRIBEN PLANES DE CUIDADO DE SALUD EN PUERTO RICO

**Pruebas de Cernimiento del Virus de Inmunodeficiencia Humana (VIH)**

Estimadas señoras y señores:

A tenor con el Artículo 2.050(C)(1) del Código de Seguros de Salud de Puerto Rico todo asegurador u organización de seguros de salud que provea planes médicos individuales o grupales deben proveer cubierta con respecto a los servicios preventivos incluidos en las recomendaciones más recientes del "United States Preventive Services Task Force (USPSTF)".

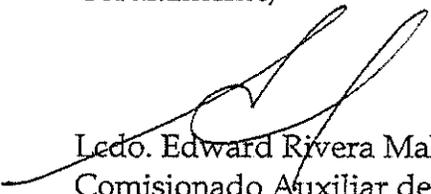
En aras de fiscalizar adecuadamente su cumplimiento, todo asegurador y organización de seguros de salud, presentará semestralmente ante nuestra Oficina, los formularios del "Report of HIV Tests", que se incluyen como anejos a esta carta circular. Los mismos deben incluir el número de pruebas y cantidad pagada por cada uno de los códigos y diagnósticos incluidos en los formularios, estos serán a su vez clasificados por fecha de servicios y edad del asegurado. Deberá incluir, además, la cantidad de facturas denegadas y sus códigos de denegación.

En este primer año, los formularios incluyen información relacionada a servicios ofrecidos desde el 1 de enero de 2013 hasta el 30 de agosto de 2015 y serán presentados en o antes del 17 de septiembre de 2015. Mientras que en los años subsiguientes, la fecha de presentación del primer semestre será el 1 de septiembre y la fecha de presentación del segundo semestre será el 1 de marzo de cada año. Se deberá entregar una copia firmada en original de los formularios y una copia en formato electrónico (un

CD utilizando Microsoft Excel). Todo informe provisto en una forma o formato diferente a los aquí requeridos, será considerado por esta Oficina como no presentado.

Se requiere, por la presente, estricto cumplimiento con las disposiciones de esta Carta Circular.

Cordialmente,



Ledo. Edward Rivera Maldonado  
Comisionado Auxiliar de Servicios

Anejos



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part I

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part II

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part III

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V08

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
	2						
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Signature of Authorized Official

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Phone Number



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REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V042

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
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Signature of Authorized Official

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Phone Number



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REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V65.44

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
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REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V73.89

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
Code	1						
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REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V22.0

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
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REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V22.1

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
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OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V23.8

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
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	3						
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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V23.9

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
Code	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part I

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part II

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V65.44

Part III

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

\_\_\_\_\_  
Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part I

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part II

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part III

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.80

Part I

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.80

Part II

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



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DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.80

Part III

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part I

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part II

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part III

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

\_\_\_\_\_  
Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V 65.44

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V08

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V042

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V65.44

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V73.89

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V22.0

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V22.0

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V23.8

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

\_\_\_\_\_  
Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING SECOND SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V23.9

CPT	Age	July		August		September		October		November		December	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		July	August	September	October	November	December
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part I

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part II

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.89

Part I

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V69.8

Part III

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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E-mail

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Name and Position of Official Signing Above

\_\_\_\_\_  
Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.89

Part II

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V73.89

Part III

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part I

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
86689	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86701	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
86703	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
97534	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87535	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part II

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
87536	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
87390	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
36415	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99385	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99386	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99395	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

ICD-9-CM Diagnosis - V70.0

Part III

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Tests	Invoiced Payment								
99211	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
99215	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced Causes		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

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Signature of Authorized Official

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Name and Position of Official Signing Above

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Phone Number



OFFICE OF THE COMMISSIONER OF INSURANCE OF PUERTO RICO

REPORT OF HIV TESTS  
DURING FIRST SEMESTER YEAR 20\_\_

Company Name: \_\_\_\_\_

Naic Code: \_\_\_\_\_

Medicare HCPCS - V 65.44

CPT	Age	January		February		March		April		May		June	
		Number of Test	Invoiced Pay	Number of Test	Invoiced Pay	Number of Tests	Invoiced Pay	sNumber of Test	Invoiced Pay	Number of Tests	Invoiced Pay	Number of Tests	Invoiced Pay
G0432	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0433	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
G0435	14 to 17 Years												
	18 to 24 Years												
	25 to 44 Years												
	45 to 64 Years												
Number of Unauthorized Invoiced in the month													

Unauthorized Invoiced		January	February	March	April	May	June
C o d e	1						
	2						
	3						
	4						
	5						

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name and Position of Official Signing Above

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone Number