

CAREAssist Bridge Program Summary and Instructions

[Link to CAREAssist Bridge application](#)

Purpose

The CAREAssist Bridge Program (Bridge) provides financial assistance to assist members in accessing HIV medications. Bridge will also assist with payments for limited medical services necessary to allow a primary care provider to prescribe HIV treatments. Assistance provided under this program is intended to assist persons in meeting medications access needs while applying and enrolling in other long-term medication assistance programs.

Eligibility

Persons applying for Bridge must meet eligibility requirements. Applicants will:

- Have documented HIV infection confirmed by medical provider signature on the Bridge application;
- Reside in Oregon;
- Have income at or below \$6,229 gross monthly for a family of 1 (550% Federal Poverty Level (FPL)) See the FPL chart at the following link:
https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/FPL_Chart_030122.pdf;
- Apply for a long-term medication assistance program (CAREAssist), and insurance such as Medicaid (OHP), Medicare, or an off-exchange plan;
- Have not received Bridge CAREAssist full benefit assistance within the past 12 months

Application submission requirements

The Bridge application must be submitted by the applicant's medical provider. Incomplete applications will not be accepted. **FAX the completed application to 971-673-0177 or email to care.assist@dhs.oha.state.or.us**. CAREAssist will process the Bridge application within one (1) business day. CAREAssist program office hours are Monday through Friday 8:00 AM to 5:00 PM.

If the Bridge application is approved CAREAssist staff will fax the pharmacy and medical provider a letter of authorization. This letter will also be copied to the applicant's HIV case manager. If the applicant is denied, the medical provider and HIV case manager will be informed.

Bridge member benefits

The benefits of Bridge apply to dates of service on or after enrollment date.

- Full cost prescriptions will be paid for up to 30 days. Over-the-counter medications are not covered.
- Full cost laboratory and medical visits necessary to facilitate access to HIV related medication therapy for up to 30 days. See allowable CPT codes listed below.

Allowable medical service CPT codes

The following CPT codes will be covered by the Bridge program:

CPT code	Procedure/lab
36415	Routine Venipuncture
80053	Comprehensive Metabolic Panel
80061	Lipid Panel
81000	Urinalysis nonauto w/ scope
81002	Urinalysis nonauto w/ scope
81003	Urinalysis auto w/o scope
81381	Screening test used prior to pre-abacavir
82955	Assay of G6PD enzyme pre-dapsone
83036	Glycosylated hemoglobin test
84443	Assay thyroid stim hormone
85025	Complete CBC w/ auto diff w BC
86355	B cells total count
86356	Qualitative immunoassay
86357	Nk cells total count
86359	T cells total count
86360	T cell absolute count/ratio
86361	T cell absolute count/ratio
86480	TB test cell immune measure
86580	TB intradermal test
86592	Syphilis test non-trep qual
86593	Syphilis test non-trep quant
86689*	HTLV/HIV confirm antibody
86701	HIV-1 antibody
86702	HIV-2 antibody
86703	HIV-1/HIV-2 1 result antibody
86704	Hep B core antibody total
86706	Hep B surface antibody
86707	Hepatitis B antibody

CPT code	Procedure/lab
86708	Hepatitis A total antibody
86709	Hepatitis A IGM antibody
86777	Toxoplasma antibody
86778	Toxoplasma antibody IGM
86780	Treponema pallidum
86803	Hepatitis C AB test
87340	Hepatitis B surface AG EIA
87389*	HIV-1 AG w/ HIV-1 HIV-2 AB
87390*	HIV-1 AG EIA
87491	Chlamydia trach DNA amp probe
87517	Hepatitis B DNA quant
87522	Hepatitis C rervrs transcrp
87535	HIV-1 probe & reverse trnscrp
87536	HIV-1 quantrevrse trnscrp
87590	N Gonorrhoeae DNA dir prob
87591	N Gonorrhoeae DNA amp prob
87901	Genotype DNA HIV reverse T
87906	Genotype DNA/RNA HIV
87999	Microbiology procedure
88182	CD4/cell markers study
88184	Flow cytometry/TC 1 marker
88185	Flow cytometry/TC add-on
99201-5	Office/outpatient visit new
99211-5	Office/outpatient visit est
99421-3	Telemedicine
U0001	COVID
U0002	COVID

*If being used for purposes of confirmatory testing, no other services will be reimbursed until confirmed HIV positive serostatus.

Additional Bridge policy

- Assistance provided through this program is intended to assist persons in meeting medication access needs while applying and enrolling in other long-term medication assistance programs. Up to 30 days of assistance can be provided. CAREAssist does not assume any ongoing responsibility to provide Bridge members with medication or medical care beyond the 30-day benefit.
- Bridge members are required to concurrently apply for health insurance at the direction of CAREAssist staff. Bridge members must be available to work with their CAREAssist caseworker to assure progress toward a sustainable means of medication access. Failure to do so may result in cancellation of Bridge enrollment.

- Bridge coverage is available to primary care providers who are assessing a client's ongoing medical needs. Payment for specialty care referrals are not covered.
- Bridge coverage exceptions, for applicants who have active insurance: 1) Bridge applicant on someone else's insurance and has not or does not plan to disclose HIV status (Dependent on someone else's insurance), 2) Bridge applicant fears discrimination or loss of job (Employer insurance), 3) Bridge applicant is experiencing a mental health crisis preventing the applicant from obtaining their insurance documentation.
- All other exception requests will be determined on a case-by-case basis by CAREAssist leadership.
- *Effective October 1, 2010, CAREAssist will reimburse providers at 125 percent of the Oregon Medical Assistance Programs (MAP) (Medicaid) rate for the CPT codes listed above.*

Questions

Please contact CAREAssist if you have questions regarding this information or if you need this information in an alternate format.

1-800-805-2313 (outside of Portland)

971-673-0144 (inside Portland area)

www.healthoregon.org/careassist