

# CAREAssist Rapid ART Bridge Program Summary and Instructions

## Purpose

The CAREAssist Rapid ART Bridge Program (Bridge) provides financial assistance for eligible persons to access HIV and other limited medications. Bridge will also assist with payments for limited medical services necessary to allow a medical provider to prescribe HIV medications. Assistance provided under this program is intended to assist persons in meeting medications access needs while applying for 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 or Ryan White Case Manager signature on the Bridge application;
- Reside in Oregon;
- Have gross monthly income at or below 550% Federal Poverty Level (FPL) or \$7,173 for a household of 1; for other household sizes please see the complete FPL chart at the following link: <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Documents/2025FPLChartCAREAssist.pdf>;
- Not currently have active health insurance;
- Apply for a long-term medication assistance program (CAREAssist), and health insurance such as Oregon Health Plan (OHP), Medicare, Employer Group Health Plan (EGHP), or a private health insurance plan;
- Have not received Bridge assistance and/or have not been disenrolled or restricted from CAREAssist within the past 12 months.

## Application submission requirements

The Bridge application must be submitted by the applicant's medical provider or Ryan White case manager, who has reviewed the applicant's labs and determined

the applicant is HIV-positive. Incomplete applications will not be accepted. Provider requested start date not to exceed 14 days prior to receipt by CAREAssist. **FAX the completed application to 971-673-0177 or email to [care.assist@odhsoha.oregon.gov](mailto:care.assist@odhsoha.oregon.gov).** 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 or Ryan White case manager a letter of authorization. This letter will also be copied to the applicant's HIV case manager if one is designated. If the applicant is denied, the medical provider and/or Ryan White case manager will be informed.

## Bridge member benefits

The benefits of Bridge apply to dates of service on or after enrollment date, which may be up to 14 days prior to the date of application receipt if indicated by the medical provider or Ryan White Case Manager.

- Full cost prescriptions, up to a one month supply, dispensed within the 30-day eligibility period. Only medications on the Bridge / UPP / Restricted Formulary will be paid by CAREAssist. Medications must be filled at a CAREAssist in-network pharmacy. Over-the-counter medications are not covered.
- Full cost laboratory and out-patient medical visits necessary to facilitate access to HIV related medication therapy for up to 30 days. See allowable medical service CPT codes listed below.

## Allowable medical service CPT codes

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

CPT code	Procedure/lab	CPT code	Procedure/lab
36415	Routine Venipuncture	84443	Assay thyroid stim hormone
80053	Comprehensive Metabolic Panel	85025	Complete CBC w/ auto diff w BC
80061	Lipid Panel	86355	B cells total count
81000	Urinalysis nonauto w/ scope	86356	Qualitative immunoassay
81002	Urinalysis nonauto w/ scope	86357	Nk cells total count
81003	Urinalysis auto w/o scope	86359	T cells total count
81381	Screening test used prior to pre-abacavir	86360	T cell absolute count/ratio
82955	Assay of G6PD enzyme pre-dapsone	86361	T cell absolute count/ratio
83036	Glycosylated hemoglobin test	86480	TB test cell immune measure
		86580	TB intradermal test
		86592	Syphilis test non-trep qual

<b>CPT code</b>	<b>Procedure/lab</b>	<b>CPT code</b>	<b>Procedure/lab</b>
86593	Syphilis test non-trep quant	87517	Hepatitis B DNA quant
86689*	HTLV/HIV confirm antibody	87522	Hepatitis C rervrs transcrp
86701	HIV-1 antibody	87535	HIV-1 probe & reverse trnscrip
86702	HIV-2 antibody	87536	HIV-1 quantreverse trnscrip
86703	HIV-1/HIV-2 1 result antibody	87590	N Gonorrhoeae DNA dir prob
86704	Hep B core antibody total	87591	N Gonorrhoeae DNA amp prob
86706	Hep B surface antibody	87901	Genotype DNA HIV reverse T
86707	Hepatitis B antibody	87906	Genotype DNA/RNA HIV
86708	Hepatitis A total antibody	87999	Microbiology procedure
86709	Hepatitis A IGM antibody	88182	CD4/cell markers study
86777	Toxoplasma antibody	88184	Flow cytometry/TC 1 marker
86778	Toxoplasma antibody IGM	88185	Flow cytometry/TC add-on
86780	Treponema pallidum	96732	Therapeutic Prohylactic/DX Inj
86803	Hepatitis C AB test		SubQ/IM
87340	Hepatitis B surface AG EIA	99201-5	Office/outpatient visit new
87389*	HIV-1 AG w/ HIV-1 HIV-2 AB	99211-5	Office/outpatient visit est
87390*	HIV-1 AG EIA	99421-3	Telemedicine
87491	Chlamydia trach DNA amp probe	U0001	COVID
		U0002	COVID

## Additional Bridge policy

- CAREAssist does not assume any ongoing responsibility to provide Bridge clients 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 clients must be available to work with their CAREAssist Case Worker to assure progress toward a sustainable means of medication access. Failure to do so may result in cancellation of Bridge enrollment.
- Payment for specialty care referrals are not covered.
- Bridge eligibility exceptions for applicants who have active health insurance:
  1. Bridge applicant is on someone else's insurance and has not or does not plan to disclose HIV status (Dependent on someone else's health insurance),
  2. Bridge applicant has self-funded EGHP and fears discrimination or loss of job,
  3. Bridge applicant is experiencing a mental health crisis which prevents the applicant from obtaining their health insurance documentation.
- All other exception requests will be determined on a case-by-case basis by CAREAssist leadership.

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

- 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.

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

971-673-0144 (inside Portland area)

[www.healthoregon.org/careassist](http://www.healthoregon.org/careassist)

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Care Interpreter Program at [care.assist@odhsoha.oregon.gov](mailto:care.assist@odhsoha.oregon.gov) or 971-673-0144. We accept all relay calls.

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