

**RYAN WHITE PRIMARY CARE MEDICAL SERVICES
TREATMENT ADHERENCE (TA) COUNSELOR CERTIFICATION VERIFICATION REGISTRATION**

Each HIV contracted clinic offers counseling for treatment education and adherence to enrolled Ryan White primary care patients. If the clinic has another payer source, such as Part C funds used to support treatment adherence services, the service cannot be charged to the Primary Care Pool. Reimbursement will be made to clinics only for treatment adherence services provided by registered counselors who meet the requirements as set forth by the HIV Planning Council Standards of Care Committee outlined below:

- Employed by a Ryan White Primary Care contracting clinic and;
- Completion of an accredited Treatment Education Program or;
- Waiver certification from San Diego County HHSA's HIV, STD and Hepatitis Branch (HSHB)

Clinics will be reimbursed for each one-half hour of counseling by a certified counselor. A maximum of 2 units (one hour) may be billed per session a maximum of eight (8) sessions per client per funding year (March through February). Once the counselor has been registered with UnitedHealthcare and a vendor number is assigned, the UnitedHealthcare will notify the registered counselor and clinic Billing Manager once they are approved to submit claims using the following required numbers:

1. HCPCS code S9445
2. NPI (National Provider Identifier) number
3. Vendor number (issued by UnitedHealthcare, ASO upon registration)

1. Counselor Information:

Counselor Name _____

Email Address _____

Phone Number _____

- RN LVN
 Health Educator Pharmacist
 Case Manager Other: _____

NPI Number: _____

2. Counselor Practice Site:

- Ciaccio Memorial Clinic at North Park, FHC
- Alpine Family Medicine (Mountain Health)
- Neighborhood Healthcare Escondido - Grand
- North County Health Services – San Marcos
- North County Health Services - Oceanside
- San Ysidro Health Center (SYHC)
- SYHC – Comprehensive Hlth Ctr. - Euclid
- UCSD Mother, Child & Adolescent HIV Program
- UCSD Owen Clinic
- Vista - Tri- City Community Health Center

3. Patient Care:

How long have you been working with HIV positive patients? _____

4. Training and Education:

Has the TA training been completed? Yes No

Program Sponsor: _____

Date training completed: _____

**Attach a copy of your current training certificate when submitting this form.*

**Complete and FAX form and training certificate to
UnitedHealthcare, RW Program Manager at (858) 565-4091**

UnitedHealthcare Use Only	
Date received: _____	Vendor # : _____
When complete return to RW Program Mgr.	