Human Immunodeficiency Virus (HIV)

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Policy Status: Active	**Next Review Date:** 10/1/2026

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☒ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Human immunodeficiency virus (HIV) is an RNA retrovirus that infects human immune cells, specifically CD4 cells, causing progressive deterioration of the immune system ultimately leading to acquired immune deficiency syndrome (AIDS) characterized by susceptibility to opportunistic infections and HIV-related cancers (CDC, 2014). HIV-1 is the dominant subtype of HIV infection, but another subtype, HIV-2, is a crucial subtype in certain areas of the world, such as Western Africa (Wood, 2023).

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals 11 to 65 years of age, initial screening for HIV infection **may be reimbursed**.

For individuals 11 to 65 years of age, repeat screening for HIV infection (see Note 1) **may be reimbursed**.

For individuals who will begin pre-exposure prophylaxis (PrEP), for individuals receiving PreP, or for individuals with elevated risk factors for an HIV infection (see Note 2), screening for an HIV infection with an antigen/antibody combination assay or with a rapid antibody test (se Note 1) **may be reimbursed**

For individuals for whom initial screening was positive for an HIV infection, the HIV1/HIV2 antibody differentiation assay (see Note 1) **may be reimbursed**

Nucleic Acid testing (qualitative or quantitative) for HIV-1 and HIV-2 (see Note 1) **may be reimbursed** in any of the following situations:

- For individuals for whom initial screening was positive for an HIV infection
- For individuals for whom initial screening was indeterminate for an HIV infection
- For individuals for whom recent exposure is suspected or reported

HIV genotyping or phenotyping **may be reimbursed** for **any** of the following situations:

- Prior to initiating doravirine therapy (genotyping and phenotyping is required).
- For individuals who have failed a course of antiviral therapy.
- For individuals who have suboptimal viral load reduction.
- For individuals who have been noncompliant with therapy.
- To guide treatment decisions in individuals with acute or recent infection (within the last 6 months).
- For antiretroviral naïve individuals entering treatment.
- For all HIV-infected pregnant individuals in the following situations:
    - Before initiation of antiretroviral therapy.
    - For those with detectable HIV RNA levels.

For treatment-experienced individuals on failing regimens who are thought to have multidrug resistance, HIV phenotyping **may be reimbursed**.

When the risk of HIV infection is significant and the initiation of therapy is anticipated, a baseline HIV quantification **may be reimbursed** in any of the following situations:

- In an at-risk individual with persistence of borderline or equivocal serologic reactivity.
- In an at-risk individual with signs and symptoms of acute retroviral syndrome (characterized by fever, malaise, lymphadenopathy, and rash).

Plasma quantification of HIV-1 RNA or HIV-2 RNA (see Note 1) **may be reimbursed** for **any** of the following situations:

- For monitoring disease progression in HIV-infected individuals.
- For monitoring response to antiretroviral therapy.
- For infants younger than 18 months born to HIV-positive mothers (antibody tests may be confounded by maternal antibodies in this time frame).
- For predicting maternal-fetal transmission of HIV-1 or HIV-2.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

HIV antigen testing independent of antigen/antibody testing **may not be reimbursed**

Routine use of combined genotyping and phenotyping **may not be reimbursed**.

Drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database **may not be reimbursed**.

NOTES:

Note 1: Antibody and antibody/antigen testing should not be repeated more often than once every 90 days. Nucleic acid testing (qualitative or quantitative) should not be repeated more often than once every month

Note 2: Risk factors for HIV infection

- Men who have sex with men (MSM), men who have sex with men and women (MSM/W) and transgender individuals
- Having a sexual encounter with an individual who has an HIV infection
- Having had multiple sexual partners since the individual's last HIV test
- Sharing needles, syringes, or other drug injection equipment (e.g. cookers)
- Exchanging sex for money or drugs
- Having a previous or concurrent STI, hepatitis, or tuberculosis
- Having sex with an individual with the above high-risk factors or with an individual with unknown sexual history

Note 3: Because differences in absolute HIV copy number are known to occur using different assays, plasma HIV RNA levels should be measured by the same analytical method. A change in assay method may necessitate re-establishment of a baseline.

Coding	
CPT	**Code Description**
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result

87389	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1
87391	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (e.g., integrase, fusion)
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility Proprietary test: Sentosa® SQ HIV-1 Genotyping Assay Lab/Manufacturer: Vela Diagnostics USA, Inc
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening

G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475	HIV antigen/antibody, combination assay, screening
S3645	HIV-1 antibody testing of oral mucosal transudate

References and Resources

Avalon Medical Policy AHS – M2116 – Human Immunodeficiency Virus (HIV)

Related Documents

Avalon Medical Policy AHS - G2035 Prenatal Screening (Nongenetic)
Avalon Medical Policy AHS – G2157 Diagnostic Testing of Common Sexually Transmitted Infections

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4 Quarter updates