If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Human Immunodeficiency Virus (HIV)

Policy Number: CPCPLAB0065

Version 1.0

Approval Date: 09/26/2025

Plan Effective Date: 01/03/2026

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For individuals 11 to 65 years of age, initial screening for HIV infection with an antigen/antibody combination assay **may be reimbursable.**

2. For individuals 11 to 65 years of age, repeat antigen/antibody screening for HIV infection (see **Note 1**) **may be reimbursable.**

3. 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 (see **Note 1**) **may be reimbursable.**

4. For individuals for whom initial screening was positive for an HIV infection, the HIV-1/HIV-2 antibody differentiation assay (see **Note 1**) **may be reimbursable.**

5. Nucleic acid testing (qualitative or quantitative) for HIV-1 and HIV-2 (see **Note 1**) **may be reimbursable** in **any** of the following situations:
    a. For individuals for whom initial screening was positive for an HIV infection.
    b. For individuals for whom initial screening was indeterminate for an HIV infection.
    c. For individuals for whom recent exposure is suspected or reported.

6. HIV genotyping or phenotyping **may be reimbursable** for **any** of the following situations:
    a. Prior to initiating doravirine therapy (genotyping and phenotyping is **required**).
    b. For individuals who have failed a course of antiviral therapy.
    c. For individuals who have suboptimal viral load reduction.
    d. For individuals who have been noncompliant with therapy.
    e. To guide treatment decisions in individuals with acute or recent infection (within the last 6 months).
    f. For antiretroviral naïve individuals entering treatment.
    g. For all HIV-infected pregnant individuals in the following situations:
        i. Before initiation of antiretroviral therapy;
        ii. For those with detectable HIV RNA loads.

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

8. Plasma quantification of HIV-1 RNA or HIV-2 RNA (see **Note 3**)) **may be reimbursable** in **any** of the following situations:
    a. For monitoring disease progression in HIV-infected individuals;
    b. For monitoring response to antiretroviral therapy;
    c. For infants younger than 18 months born to HIV-positive mothers (antibody tests may be confounded by maternal antibodies in this time frame);
    d. For predicting maternal-fetal transmission of HIV-1 or HIV-2.

9. HIV antigen testing independent of antigen/antibody testing **is not reimbursable.**

10. Routine use of combined genotyping and phenotyping **is not reimbursable.**

11. Drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database **is not reimbursable.**

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 (3,4)

- 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.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, 87900, 87901, 87903, 87904, 87906, 0219U, G0432, G0433, G0435, G0475, S3645

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
09/26/2025	01/03/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Removed "(no more than one test every 90 days)" from #2 and added reference to see Note 1; Added #3 and #4 - 3. "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 (see Note 1) may be reimbursable." 4. "For individuals for whom initial screening was positive for an HIV infection, the HIV-1/HIV-2 antibody differentiation assay (see Note 1) may be reimbursable." Revised #5 to remove "(no more than one test every month)" and added reference to see Note 1; Revised #8 to remove "no more than one test every month)" and added reference to see Note 3; added #9: HIV antigen testing independent of antigen/antibody testing is not reimbursable. Added Notes 1 and 2. References revised.
04/28/2025	08/08/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added "with an antigen/antibody combination assay" to #1; added "antigen/antibody" and changed "(no less than 90 days after initial screening) to "(no more than one test every 90 days) to #2; added #4 "Nucleic acid testing (qualitative or quantitative) for HIV-1 and HIV-2 (no more than one test every month) may be reimbursable in any of the following situations: a) For individuals for whom initial screening was positive for HIV infection; b) For individuals for whom initial screening was indeterminate for HIV infection; c) For individuals for whom recent exposure is suspected or reported." Removed #6 "When the risk of HIV infection is significant…"; Added (no more than one test every month) to #7. References revised.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. Added #4, 5, 8 & 9 regarding HIV genotyping and phenotyping. Language for HIV testing from CPCPLAB007 Preventive Screening in Adults; and CPCPLAB016 Pediatric Preventive Screening moved to this policy. References revised; some added, others removed. Title changed from Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection.
11/1/2022	11/01/2022: New policy