BlueCross BlueShield of Texas

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) 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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) 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.

Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection

Policy Number: CPCPLAB065

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX 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. In clinical situations where risk of HIV infection is significant, and initiation of therapy is anticipated, a baseline HIV quantification **may be reimbursable**. These situations include:
    a. Persistence of borderline or equivocal serologic reactivity in an at-risk individual.

b. Signs and symptoms of acute retroviral syndrome characterized by fever, malaise, lymphadenopathy, and rash in an at-risk individual.

2. Plasma HIV-1 RNA quantification or plasma HIV-2 RNA quantification **may be reimbursable** for use in monitoring disease progression in HIV-infected individuals.
3. Plasma HIV-1 RNA quantification or plasma HIV-2 RNA quantification **may be reimbursable** for monitoring response to antiretroviral therapy.

4. Plasma HIV-1 RNA quantification or plasma HIV-2 RNA quantification **may be reimbursable** for infants younger than 18 months born to HIV-positive mothers as antibody tests may be confounded by maternal antibodies in this time frame.

5. Plasma HIV-1 RNA quantification or plasma HIV-2 RNA quantification **may be reimbursable** for predicting maternal-fetal transmission of HIV-1 or HIV-2.

The Department of Health and Human Services (DHHS) recommend the following frequencies for HIV RNA measurement:

1. At entry into care
2. After initiation of treatment, within 2-4 weeks but not later than 8 weeks post-initiation
3. For first two years of antiretroviral treatment (ART), every 3-4 months
4. After two years of ART, every 6 months
5. After modification of ART due to drug toxicity, 4-8 weeks after modification
6. Every 3 months if there is a change in clinical status or detectable viremia while on ART

** For prognosis including anti-retroviral therapy monitoring, regular, periodic measurements are appropriate. The frequency of viral load testing should be consistent with the most current DHHS guidelines for use of anti-retroviral agents in adults and adolescents or pediatrics (DHHS, 2019).*

Limitations

I. Viral quantification may be appropriate for prognostic use including baseline determination, periodic monitoring, and monitoring of response to therapy. Use as a diagnostic test method is not indicated, *except as is noted in association with MNC indication 1 above*

II. 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

Codes
87536, 87539

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Policy Update History:

5/1/2022	New policy