

Reimbursement Policy

Policy Number: RPLAB065

Policy Title: Human Immunodeficiency Virus (HIV)

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 Texas 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 submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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 HI-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 **Notes 1 & 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. Screening for HIV-1 and HIV-2 using an antibody test that does not provide rapid results and does not incorporate antigen testing **is not reimbursable**.
 10. HIV antigen testing independent of antigen/antibody testing **is not reimbursable**.
 11. Routine use of combined genotyping and phenotyping **is not reimbursable**.
 12. 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.

Code	Description
86701	HIV-1 ANTIBODY
86702	HIV-2 ANTIBODY
86703	HIV-1/HIV-2 1 RESULT ANTBDY
87389	HIV-1 AG W/HIV-1&-2 AB AG IA
87390	HIV-1 AG IA
87391	HIV-2 AG IA
87534	HIV-1 DNA DIR PROBE
87535	HIV-1 PROBE&REVERSE TRNSCRPJ
87536	HIV-1 QUANT&REVRSE TRNSCRPJ
87537	HIV-2 DNA DIR PROBE
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ
87806	HIV AG W/HIV1&2 ANT B W/OPTIC
87900	PHENOTYPE INFECT AGENT DRUG
87901	NFCT AGT GNTYP ALYS HIV1 REV
87903	PHENOTYPE DNA HIV W/CULTURE
87904	PHENOTYPE DNA HIV W/CLT ADD
87906	NFCT AGT GNTYP ALYS HIV1
0219U	NFCT AGT HIV GNRJ SEQ ALYS
G0432	EIA HIV-1/HIV-2 screen
G0433	ELISA HIV-1/HIV-2 screen
G0435	Oral HIV-1/HIV-2 screen
G0475	Hiv combination assay
S3645	HIV-1 antibody testing of or

CPT copyright 2025 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

References

1. CDC. Revised surveillance case definition for HIV infection--United States, 2014. *MMWR Recommendations and reports : Morbidity and mortality weekly report Recommendations and reports*. 2014;63(Rr-03):1-10. April 11, 2014. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>
2. Wood BR. The natural history and clinical features of HIV infection in adults and adolescents. Updated January 27, 2026. <https://www.uptodate.com/contents/the-natural-history-and-clinical-features-of-hiv-infection-in-adults-and-adolescents>

-
3. CDC. Getting Tested for HIV. Updated February 11, 2025. <https://www.cdc.gov/hiv/testing/index.html>
 4. CDC. Fast Facts: HIV and Gay and Bisexual Men. Updated October 7, 2024. <https://www.cdc.gov/hiv/data-research/facts-stats/gay-bisexual-men.html>
 5. Caliendo A. Techniques and interpretation of HIV-1 RNA quantitation. Updated December 9, 2024. <https://www.uptodate.com/contents/techniques-and-interpretation-of-hiv-1-rna-quantitation>
 6. FDA. Aptima® HIV-1 Quant Dx Assay. <https://www.fda.gov/media/102425/download>
 7. BusinessWire. Aptima HIV-1 Quant Dx Assay Receives Additional FDA Approval for Use as an Aid in the Diagnosis of HIV Infection. <https://www.businesswire.com/news/home/20201120005242/en/>
 8. Sollis KA, Smit PW, Fiscus S, et al. Systematic review of the performance of HIV viral load technologies on plasma samples. *PloS one*. 2014;9(2):e85869. doi:10.1371/journal.pone.0085869
 9. Mor O, Gozlan Y, Wax M, et al. Evaluation of the RealTime HIV-1, Xpert HIV-1, and Aptima HIV-1 Quant Dx Assays in Comparison to the NucliSens EasyQ HIV-1 v2.0 Assay for Quantification of HIV-1 Viral Load. *Journal of clinical microbiology*. Nov 2015;53(11):3458-65. doi:10.1128/jcm.01806-15
 10. Swenson LC, Cobb B, Geretti AM, et al. Comparative performances of HIV-1 RNA load assays at low viral load levels: results of an international collaboration. *Journal of clinical microbiology*. Feb 2014;52(2):517-23. doi:10.1128/jcm.02461-13
 11. Saag MS, Gandhi RT, Hoy JF, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2020 Recommendations of the International Antiviral Society–USA Panel. *JAMA*. 2020;324(16):1651-1669. doi:10.1001/jama.2020.17025
 12. Saag MS, Holodniy M, Kuritzkes DR, et al. HIV viral load markers in clinical practice. *Nature medicine*. Jun 1996;2(6):625-9. doi:10.1038/nm0696-625
 13. Hughes MD, Johnson VA, Hirsch MS, et al. Monitoring plasma HIV-1 RNA levels in addition to CD4+ lymphocyte count improves assessment of antiretroviral therapeutic response. ACTG 241 Protocol Virology Substudy Team. *Annals of internal medicine*. Jun 15 1997;126(12):929-38. doi:10.7326/0003-4819-126-12-199706150-00001
 14. Gottlieb G. Epidemiology, transmission, natural history, and pathogenesis of HIV-2 infection. Updated February 20, 2023. <https://www.uptodate.com/contents/epidemiology-transmission-natural-history-and-pathogenesis-of-hiv-2-infection>
 15. Gottlieb GS. Clinical manifestations and diagnosis of HIV-2 infection. Updated March 28, 2025. <https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-hiv-2-infection>
 16. DHHS. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Updated September 25, 2025. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new>
 17. Quinn TC. Global epidemiology of HIV infection. Updated January 29, 2026. <https://www.uptodate.com/contents/global-epidemiology-of-hiv-infection>
 18. Coffin J, Swanstrom R. HIV Pathogenesis: Dynamics and Genetics of Viral Populations and Infected Cells. *Cold Spring Harb Perspect Med*. 2013;3(1)doi:10.1101/cshperspect.a012526

-
19. Mansky LM, Temin HM. Lower in vivo mutation rate of human immunodeficiency virus type 1 than that predicted from the fidelity of purified reverse transcriptase. *J Virol.* 1995;69(8):5087-94. 189326, <https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/7541846/>
 20. Kozal M. Interpretation of HIV-1 drug resistance testing. Updated September 17, 2024. <https://www.uptodate.com/contents/interpretation-of-hiv-1-drug-resistance-testing>
 21. Kozal M. Overview of HIV-1 drug resistance testing assays. Updated September 17, 2024. <https://www.uptodate.com/contents/overview-of-hiv-1-drug-resistance-testing-assays>
 22. ThermoFisher. ViroSeq™ HIV-1 Genotyping System. https://assets.thermofisher.com/TFS-Assets/LSG/brochures/cms_040731.pdf
 23. ATCC. ATCC Teams with CDC and Thermo Fisher Scientific on Public Health RT-PCR Assay. https://www.labbulletin.com/articles/ATCC-Teams-CDC-Thermo-Fisher-Scientific-Public-Health-RT-PCR-Assay/categories/20130120_11
 24. LabCorp. Human Immunodeficiency Virus 1 (HIV-1) PhenoSense GT® Plus Integrase (Monogram® Phenotype + Genotype). <https://www.labcorp.com/tests/551920/human-immunodeficiency-virus-1-hiv-1-phenosense-gt-plus-integrase-monogram-phenotype-genotype>
 25. Fox ZV, Geretti AM, Kjaer J, et al. The ability of four genotypic interpretation systems to predict virological response to ritonavir-boosted protease inhibitors. *AIDS (London, England).* Oct 01 2007;21(15):2033-42. doi:10.1097/QAD.0b013e32825a69e4
 26. Rosemary A, Chika O, Jonathan O, et al. Genotyping performance evaluation of commercially available HIV-1 drug resistance test. *PloS one.* 2018;13(6):e0198246. doi:10.1371/journal.pone.0198246
 27. Braun P, Glass A, Maree L, et al. Multicenter clinical comparative evaluation of Alinity m HIV-1 assay performance. *J Clin Virol.* Aug 2020;129:104530. doi:10.1016/j.jcv.2020.104530
 28. Zhang J, Rhee SY, Taylor J, Shafer RW. Comparison of the precision and sensitivity of the Antivirogram and PhenoSense HIV drug susceptibility assays. *Journal of acquired immune deficiency syndromes (1999).* Apr 1 2005;38(4):439-44. doi:10.1097/01.qai.0000147526.64863.53
 29. Hopkins M, Hau S, Tiernan C, et al. Comparative performance of the new Aptima HIV-1 Quant Dx assay with three commercial PCR-based HIV-1 RNA quantitation assays. *Journal of Clinical Virology.* 2015/08/01/ 2015;69:56-62. doi:10.1016/j.jcv.2015.05.020
 30. Sempa JB, Dushoff J, Daniels MJ, et al. Reevaluating Cumulative HIV-1 Viral Load as a Prognostic Predictor: Predicting Opportunistic Infection Incidence and Mortality in a Ugandan Cohort. *American journal of epidemiology.* Jul 1 2016;184(1):67-77. doi:10.1093/aje/kwv303
 31. Shen C, Yu X, Harrison RW, Weber IT. Automated prediction of HIV drug resistance from genotype data. *BMC bioinformatics.* Aug 31 2016;17 Suppl 8:278. doi:10.1186/s12859-016-1114-6
 32. Lindman J, Hønge BL, Kjerulff B, et al. Performance of Bio-Rad HIV-1/2 Confirmatory Assay in HIV-1, HIV-2 and HIV-1/2 dually reactive patients - comparison with INNO-LIA and immunocomb discriminatory assays. *J Virol Methods.* Jun 2019;268:42-47. doi:10.1016/j.jviromet.2019.03.005

-
33. Avram CM, Greiner KS, Tilden E, Caughey AB. Point-of-care HIV viral load in pregnant women without prenatal care: a cost-effectiveness analysis. *Am J Obstet Gynecol*. Sep 2019;221(3):265.e1-265.e9. doi:10.1016/j.ajog.2019.06.021
 34. Raymond S, Nicot F, Abravanel F, et al. Performance evaluation of the Vela Dx Sentosa next-generation sequencing system for HIV-1 DNA genotypic resistance. *Journal of Clinical Virology*. 2020/01/01/ 2020;122:104229. doi:10.1016/j.jcv.2019.104229
 35. Fogel JM, Bonsall D, Cummings V, et al. Performance of a high-throughput next-generation sequencing method for analysis of HIV drug resistance and viral load. *Journal of Antimicrobial Chemotherapy*. 2020;75(12):3510-3516. doi:10.1093/jac/dkaa352
 36. Pröll J, Paar C, Taylor N, et al. New aspects of the Virus Life Cycle and Clinical Utility of Next Generation Sequencing based HIV-1 Resistance Testing in the Genomic, the Proviral and the Viral Reservoir of Peripheral Blood Mononuclear Cells. *Curr HIV Res*. Mar 24 2022;doi:10.2174/1570162x20666220324111418
 37. Ehret R, Harb K, Breuer S, Obermeier M. Performance assessment of the new Xpert® HIV-1 viral load XC assay for quantification of HIV-1 viral loads. *J Clin Virol*. Apr 2022;149:105127. doi:10.1016/j.jcv.2022.105127
 38. DHHS. Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. Updated June 12, 2025. <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new-guidelines>
 39. DHHS. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Updated September 30, 2025. <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/whats-new-guidelines>
 40. CDC. Clinical Testing Guidance for HIV. Updated February 10, 2025. <https://www.cdc.gov/hivnexus/hcp/diagnosis-testing/index.html>
 41. CDC. HIV Testing. Updated January 27, 2025. <https://www.cdc.gov/hivpartners/php/hiv-testing/index.html>
 42. CDC. Clinical Guidance for PrEP. Updated February 10, 2025. <https://www.cdc.gov/hivnexus/hcp/prep/index.html>
 43. CDC. HIV Infection. Updated January 31, 2025. <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/hiv-infection.html>
 44. USPSTF. Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
 45. CDC. HIV Preventative Services Coverage. Updated April 19, 2024. <https://www.cdc.gov/high-quality-care/hcp/resources/hiv-preventative-service-coverage.html>
 46. Gandhi RT, Bedimo R, Hoy JF, et al. Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2022 Recommendations of the International Antiviral Society–USA Panel. *JAMA*. 2022;doi:10.1001/jama.2022.22246
 47. Gandhi RT, Landovitz RJ, Sax PE, et al. Antiretroviral Drugs for Treatment and Prevention of HIV in Adults: 2024 Recommendations of the International Antiviral Society–USA Panel. *Jama*. Feb 18 2025;333(7):609-628. doi:10.1001/jama.2024.24543
 48. Thompson MA, Horberg MA, Agwu AL, et al. Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the

-
- Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2020;doi:10.1093/cid/ciaa1391
49. Horberg M, Thompson M, Agwu A, et al. Primary Care Guidance for Providers Who Care for Persons With Human Immunodeficiency Virus: 2024 Update by the HIV Medicine Association of the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2024;doi:10.1093/cid/ciae479
 50. ACOG. ACOG Committee Opinion no 596: Committee on Gynecologic Practice: Routine human immunodeficiency virus screening. *Obstet Gynecol*. May 2014;123(5):1137-1139. doi:10.1097/01.AOG.0000446828.64137.50
 51. ACOG. ACOG Committee Opinion No. 751: Labor and Delivery Management of Women With Human Immunodeficiency Virus Infection. *Obstet Gynecol*. Sep 2018;132(3):e131-e137. doi:10.1097/aog.0000000000002820
 52. Gibson KS, Toner LE. Society for Maternal-Fetal Medicine Special Statement: Updated checklists for pregnancy management in persons with HIV. *American Journal of Obstetrics & Gynecology*. 2020;223(5):B6-B11. doi:10.1016/j.ajog.2020.08.064
 53. BHIVA. BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals (2019 interim update). <https://www.bhiva.org/file/DqZbRxfzLYtLg/Monitoring-Guidelines.pdf>
 54. BHIVA. British HIV Association guidelines for the management of HIV-2 2021. <https://www.bhiva.org/file/615ee3de98539/BHIVA-guidelines-for-the-management-of-HIV-2.pdf>
 55. Waters L WA, Reeves I et al. BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022.
 56. EACS. European AIDS Clinical Society Guidelines Version 11.1 October 2022. https://www.eacsociety.org/media/guidelines-11.1_final_09-10.pdf
 57. EACS. Treatment and Monitoring of Persons with HBV/HIV Co-infection. European AIDS Clinical Society. Updated October 1, 2025. <https://eacs.sanfordguide.com/en/eacs-hiv/eacs-section4/hiv-hep-co-infection/treatment-of-hbv-hiv-co-infection>
 58. Hsu KK, Rakhmanina NY. Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis. *Pediatrics*. Jan 1 2022;149(1)doi:10.1542/peds.2021-055207
 59. AAP. Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). Updated February 6, 2025. <https://www.aap.org/periodicityschedule>
 60. FDA. COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Test, Summary of Safety and Effectiveness <https://www.fda.gov/media/73824/download>
 61. FDA. Geenius™ HIV 1/2 Supplemental Assay. <https://www.fda.gov/media/130312/download>
 62. FDA. BioPlex 2200 HIV Ag-Ab Assay. <https://www.fda.gov/media/92862/download>
 63. FDA. Alinity m HIV-1. <https://www.fda.gov/vaccines-blood-biologics/alinity-m-hiv-1>

Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made: Added #9: Screening for HIV-1 and HIV-2 using an antibody test that does not provide rapid results and does not incorporate antigen testing is not reimbursable" Removed code 86689. References revised.
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.
09/13/2024	01/01/2025: New policy.