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: April 29, 2024

Plan Effective Date: January 15, 2025

Description

BCBSOK 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 **may be reimbursable.**

2. For individuals 11 to 65 years of age, repeat screening for HIV infection (no less than 90 days after initial screening) **may be reimbursable.**

3. Annual screening for HIV infection **may be reimbursable** for individuals considered at high risk, including:
    a. Men who have sex with men (MSM);
    b. Injection drug-users;
    c. Individuals with multiple sex partners;
    d. Individuals who have sex for drugs or money;
    e. Individuals who have sex with someone who is HIV-positive or has other sexually transmitted infections;
    f. Having sex without the use of a condom.

4. 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.

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

6. When the risk of HIV infection is significant, and the initiation of therapy is anticipated, a baseline HIV quantification **may be reimbursable** in **any** of the following situations:
    a. In an at-risk individual with persistence of borderline or equivocal serologic reactivity
    b. In an at-risk individual with signs and symptoms of acute retroviral syndrome (characterized by fever, malaise, lymphadenopathy, and rash).

7. Plasma quantification of HIV-1 RNA or HIV-2 RNA (see **Note 1**) **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.

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

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

Note 1: 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

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