**Screening for Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)**

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<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tr>
<td>210.7</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>06/25/2014</td>
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Screening for Human Immunodeficiency Virus (HIV) Infection  
(NCD 210.7)

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use.

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Summary

Overview

Infection with the human immunodeficiency virus (HIV) is a continuing, worldwide pandemic described by the World Health Organization as "the most serious infectious disease challenge to global public health". Significantly, more than half of new HIV infections are estimated to be sexually transmitted from infected individuals who are unaware of their HIV status. Consequently, improved secondary disease prevention and wider availability of screening linked to HIV care and treatment would not only delay disease progression and complications in untested or unaware older individuals, but could also decrease the spread of disease to those living with or partnered with HIV-infected individuals.

The HIV antibody testing first became available in 1985. These commonly used, Food and Drug Administration (FDA)-approved HIV antibody screening tests – using serum or plasma from a venipuncture or blood draw – are known as EIA (enzyme immunoassay) or ELISA (enzyme-linked immunosorbent assay) tests. Developed for point-of-care testing using alternative samples, six rapid HIV-1 and/or HIV-2 antibody tests – using fluid obtained from the oral cavity or using whole blood, serum, or plasma from a blood draw or fingerstick – were approved by the FDA from 2002-2006.

Effective January 1, 2009, the Centers for Medicare & Medicaid Services (CMS) is allowed to add coverage of “additional preventive services” through the national coverage determination (NCD) process if certain statutory requirements are met, as provided under section 101(a) of the Medicare Improvements for Patients and Providers Act. One of those requirements is that the service(s) be categorized as a grade A (strongly recommends) or grade B (recommends) rating by the US Preventive Services Task Force (USPSTF). The USPSTF strongly recommends screening for all adolescents and adults at risk for HIV infection, as well as all pregnant women.

Reimbursement Guidelines

Covered Indications

Effective for claims with dates of service on and after December 8, 2009, CMS determines that the evidence is adequate to conclude that screening for HIV infection is reasonable and necessary for early detection of HIV and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B. Therefore, CMS proposes to cover both standard and FDA-approved HIV rapid screening tests for:

1. A maximum of one, annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection per USPSTF guidelines as follows:
   a. Men who have had sex with men after 1975
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b. Men and women having unprotected sex with multiple [more than one] partners
c. Past or present injection drug users
d. Men and women who exchange sex for money or drugs, or have sex partners who do
e. Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users
f. Persons being treated for sexually transmitted diseases
g. Persons with a history of blood transfusion between 1978 and 1985
h. Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors; and,

2. A maximum of three, voluntary HIV screenings of pregnant Medicare beneficiaries: (i) when the diagnosis of pregnancy is known, (ii) during the third trimester, and (iii) at labor, if ordered by the woman’s clinician.

Non-Covered Indications
Effective for claims with dates of service on and after December 8, 2009, Medicare beneficiaries with any known diagnosis of a HIV-related illness are not eligible for this screening test.

Medicare beneficiaries (other than those who are pregnant) who have had a prior HIV screening test within one year are not eligible (11 full months must have elapsed following the month in which the previous test was performed in order for the subsequent test to be covered).

Pregnant Medicare beneficiaries who have had three screening tests within their respective term of pregnancy are not eligible (beginning with the date of the first test).

CPT/HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>G0432</td>
<td>Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening</td>
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<tr>
<td>G0433</td>
<td>Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening</td>
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<tr>
<td>G0435</td>
<td>Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening</td>
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Service Codes

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<th>Description</th>
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<tr>
<td>8140/8141</td>
<td>MDCR HIV Screening (Pregnancy) – Facility/Physician with ICD-9 codes V73.89 and V22.0, V22.1 or V23.9</td>
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<tr>
<td>8142/8143</td>
<td>MDCR HIV Screening (no Pregnancy) – Facility/Physician with ICD-9 codes V73.89 and V69.8</td>
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References Included (but not limited to):

CMS NCD(s)
NCD 210.7 Screening for the Human Immunodeficiency Virus (HIV) Infection
Reference NCDs: NCD 190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring), NCD 190.14 Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

CMS Benefit Policy Manual
Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, § 80.1 Clinical Laboratory Services

CMS Claims Processing Manual
Chapter 16; § 40 Billing for Clinical Laboratory Tests
Chapter 18; § 1.2 Table of Preventive and Screening Services, §130 Human Immunodeficiency Virus (HIV) Screening Tests

CMS Transmittals
Transmittal 131, Change Request 6786, Dated 02/23/2011 (Screening for the Human Immunodeficiency Virus (HIV) Infection)

UnitedHealthcare Medicare Advantage Coverage Summaries
Preventive Health Services and Procedures
### Screening for Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)

Reimbursement Policies
Preventive Lab Services

**UnitedHealthcare Medical Policies**
Preventive Care Services

**MLN Matters**
MLN Medicare Preventive Services Quick Reference Chart

**Others**
Decision Memo for Screening for the Human Immunodeficiency Virus (HIV) Infection (CAG-00409N)
Medicare Outreach, National HIV Testing Day

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<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>06/25/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
</tr>
<tr>
<td>09/11/2013</td>
<td>• Annual review</td>
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<tr>
<td></td>
<td>• MRP Committee approved continuing the edit processes in place</td>
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<tr>
<td>04/25/2012</td>
<td>• Annual review</td>
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<td>• MRP Committee approved the edits as submitted</td>
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