Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Human Immunodeficiency Virus (HIV)

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Human immunodeficiency virus (HIV) is an RNA retrovirus that infects human immune cells, specifically CD4 cells, causing progressive deterioration of the immune system ultimately leading to acquired immune deficiency syndrome (AIDS) characterized by susceptibility to opportunistic infections and HIV-related cancers. HIV-1 is the dominant subtype of HIV infection, but another subtype, HIV-2, is a crucial subtype in certain areas of the world, such as Western Africa.

Terms such as male and female are used when necessary to refer to sex assigned at birth.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. For individuals 11 to 65 years of age, initial screening for HIV infection with an antigen/antibody combination assay **MEETS COVERAGE CRITERIA**.
2. For individuals 11 to 65 years of age, repeat antigen/antibody screening for HIV infection (see Note 1) **MEETS COVERAGE CRITERIA**.
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) **MEETS COVERAGE CRITERIA**.
4. For individuals for whom initial screening was positive for an HIV infection, the HIV-1/HIV-2 antibody differentiation assay (see Note 1) **MEETS COVERAGE CRITERIA**.
5. Nucleic acid testing (qualitative or quantitative) for HIV-1 and HIV-2 (see Note 1) **MEETS COVERAGE CRITERIA** 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 **MEETS COVERAGE CRITERIA** 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 levels.

7. For treatment-experienced individuals on failing regimens who are thought to have multidrug resistance, HIV phenotyping **MEETS COVERAGE CRITERIA**.
8. Plasma quantification of HIV-1 RNA or HIV-2 RNA (see Note 1, Note 3) **MEETS COVERAGE CRITERIA** for **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 **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

10. HIV antigen testing independent of antigen/antibody testing **DOES NOT MEET COVERAGE CRITERIA**.
11. Routine use of combined genotyping and phenotyping **DOES NOT MEET COVERAGE CRITERIA**.
12. Drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:

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:

- 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.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
87389	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1
87391	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique

Code	Description
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87806	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (e.g., integrase, fusion)
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (i.e., protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility Proprietary test: Sentosa® SQ HIV-1 Genotyping Assay Lab/Manufacturer: Vela Diagnostics USA, Inc.
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475	HIV antigen/antibody, combination assay, screening
S3645	HIV-1 antibody testing of oral mucosal transudate

Evidence-based Scientific References

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Publication History

08/01/2026: Removed CPT code 86689
03/01/2026: Annual policy review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.