Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS) (NCD 190.9)

Guideline Number: MPG283.06
Approval Date: February 10, 2021

Terms and Conditions

Table of Contents Page

Related Medicare Advantage Policy Guidelines

- Clinical Diagnostic Laboratory Services
- Screening for the Human Immunodeficiency Virus (HIV) Infection (NCD 210.7)

Related Medicare Advantage Reimbursement Policies

- Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional
- Laboratory Services Policy, Professional

Related Medicare Advantage Coverage Summary

- Laboratory Tests and Services

Policy Summary

See Purpose

Overview

Serologic testing is employed to detect antibodies to the AIDS virus, which is currently identified by the term "human immunodeficiency virus (HIV)." The virus originally was named "human T-cell lymphotropic virus, type III (HTLV-III), a term that remains in common usage.

Antibodies may be detected by a variety of immunoassay techniques, the most common being an enzyme linked immunosorbent assay (ELISA). When an assay is reactive on initial testing, it should be repeated on the same specimen. A more specific test, (Western blot, immunofluorescent assay) is usually performed following repeatedly reactive ELISA results.

Guidelines

These tests are not covered when furnished as part of a screening program for asymptomatic persons. They may be covered when performed to help determine a diagnosis for symptomatic patients.

Note: Two enzyme-linked immunosorbent assay (ELISA) tests that were conducted on the same specimen must both be positive before Medicare will cover the Western blot test.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)

References

CMS National Coverage Determinations (NCDs)

NCD 190.9 Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS)
Reference NCDs: NCD 190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring), NCD 190.14 for Human Immunodeficiency Virus (HIV) Testing (Diagnosis), NCD 210.7 Screening for the Human Immunodeficiency Virus (HIV) Infection

CMS Benefit Policy Manual

Chapter 15; § 80.1 Clinical Laboratory Services

CMS Claims Processing Manual

Chapter 16; § 20 Calculation of Payment Rates-Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests

CMS Transmittal(s)

Transmittal 3461, Change Request 9403, Dated 02/05/2016 (Screening for the Human Immunodeficiency Virus (HIV) Infection)
Transmittal 3778, Change Request 9980, Dated 05/24/2017 (Screening for the Human Immunodeficiency Virus (HIV) Infection)
Transmittal 3835, Change Request 9980, Dated 08/16/2017 (Screening for the Human Immunodeficiency Virus (HIV) Infection)

Other(s)

CMS Lab NCDs-ICD-10; CMS.gov

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update • Reformatted policy; transferred content to new template
02/10/2021	• Routine review; no change to guidelines • Archived previous policy version MPG283.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage

requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.