

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

Policy Number	190.9	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	03/26/2014
----------------------	-------	--------------------	--	------------------------------	------------

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.

*CPT copyright 2010 (or such other date of publication of CPT) American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Proprietary information of UnitedHealthcare. Copyright 2014 United HealthCare Services, Inc.

Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPSC Codes	2
References Included (but not limited to):	2
CMS NCD(s)	2
CMS Benefit Policy Manual	2
CMS Claims Processing Manual	2
UnitedHealthcare Medicare Advantage Coverage Summaries	2
UnitedHealthcare Reimbursement Policies	2
MLN Matters	2
History	3

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.

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

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. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

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.

Reimbursement Guidelines

These tests may be covered when performed to help determine a diagnosis for symptomatic patients.

They are not covered when furnished as part of a screening program for asymptomatic persons.

****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. **

CPT/HCPCS Codes

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

References Included (but not limited to):

CMS NCD(s)

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)

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, § 30 Special Payment Considerations, § 40 Billing for Clinical Laboratory Tests, § 70 Clinical Laboratory Improvement Amendments (CLIA) Requirements

UnitedHealthcare Medicare Advantage Coverage Summaries

Laboratory Tests and Services

UnitedHealthcare Reimbursement Policies

Preventive Lab Services

MLN Matters

Article MM8572, January 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)

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

History

Date	Revisions
03/26/2014	Annual review for MRP Committee presentation and approval
03/27/2013	Annual review for MRP Committee presentation and approval
08/08/2012	MRP Committee approved