Human Immunodeficiency Virus (HIV) – Diagnosis Testing* (86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538) – NCD 190.14

*Note: Medicare has separate criteria for *Prognosis* Testing

Indications:
Diagnostic testing to establish HIV infection may be indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:
1. The patient has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.
2. The patient has another documented sexually transmitted disease which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.
3. The patient has documented acute or chronic hepatitis B or C infection that identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.
4. The patient has a documented AIDS-defining or AIDS-associated neoplasm.
5. The patient has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.
6. The patient has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (for example, cutaneous or mucosal disorders).
7. The patient has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (for example, fever, weight loss, malaise, fatigue, chronic diarrhea, failure to thrive, chronic cough, hemoptysis, shortness of breath, or lymphadenopathy).
8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (for example, anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).
9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.
10. The patient has documented exposure to blood or body fluids known to be capable of transmitting HIV (for example, needlesticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.
11. The patient is undergoing treatment for rape. (HIV testing is part of the rape treatment protocol.)

Limitations:
1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV-½ combination tests. • HIV-2 testing is indicated if clinical circumstances suggest HIV-2 is likely (that is compatible clinical findings and HIV-1 test negative). • HIV-2 testing may be indicated in areas of the country where there is greater prevalence of HIV-2 infections.
2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.
3. The HIV antigen tests currently have no defined diagnostic usage.
4. Direct viral RNA detection may be performed in those situations where serologic testing does not establish a diagnosis, but strong clinical suspicion persists (for example, acute retroviral syndrome, nonspecific serologic evidence of HIV, or perinatal HIV infection).
5. If initial serologic tests confirm an HIV infection, repeat testing is not indicated.

6. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is 3-6 months.

7. Testing for evidence of HIV infection using serologic methods may be medically appropriate in situations where there is a risk of exposure to HIV.
   - However, in the absence of a documented AIDS defining or HIV-associated disease, an HIV-associated sign or symptom, or documented exposure to a known HIV-infected source, the testing is considered by Medicare to be screening and thus is not covered by Medicare.
     - For example, history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution, or contact with prostitutes).

8. The CPT Editorial Panel has issued several codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approval status for these tests.

Most Common Diagnoses (which meet medical necessity) *	
A60.00	Herpesviral infection of urogenital system
A64	Sexually transmitted disease
B00.9	Herpesviral infection
B02.9	Herpes zoster
B19.20	Viral hepatitis C
B37.0	Candidal stomatitis
B37.89	Other sites of candidiasis
D50.9	Iron deficiency anemia
D64.9	Anemia
D69.6	Thrombocytopenia
D70.9	Neutropenia
D72.819	Decreased white blood cell count
D72.829	Elevated white blood cell count
G62.9	Polyneuropathy
J18.9	Pneumonia
L03.90	Cellulitis
R05.9	Cough
R06.02	Shortness of breath
R19.7	Diarrhea
R50.9	Fever
R53.1	Weakness
R53.82	Chronic fatigue
R53.83	Other fatigue
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R63.4	Abnormal weight loss
Z04.41	Encounter for examination and observation following alleged adult rape
Z20.6	Contact with and (suspected) exposure to HIV
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

*For the full list of diagnoses meeting medical necessity see the HIV Testing – Diagnosis National Coverage 190.14 document.

The above CMS and WPS-GHA guidelines are current as of: 07/01/2025.