AETNA BETTER HEALTH®

Clinical Policy Bulletin: HIV Testing

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Policy

I. Aetna considers human immunodeficiency virus (HIV) testing medically necessary for screening persons for recommendations of the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention.

Aetna considers initial testing for HIV with a DA-approved antigen/antibody combination immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies. Reactive result combination immunoassay for initial testing should be interpreted as HIV-related antibodies, HIV-2 antibodies, or HIV antibodies, undifferentiated.

Aetna considers further testing of specimens with a reactive antigen/antibody combination immunoassay result. Repeat testing is recommended by the manufacturer or required by regulatory authorities. This completes the testing algorithm. The testing algorithm should be interpreted as the positive result of a reactive NAT test result and nonreactive HIV-1/HIV-2 antibody differentiation immunoassay result for acute HIV-1 infection.

A reactive NAT result and nonreactive HIV-1/HIV-2 antibody differentiation immunoassay result indicates acute HIV-1 infection confirmed by NAT.

A reactive NAT result and nonreactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates a false-positive result on the initial immunoassay.

Note: Laboratories should use this same testing algorithm, beginning with an antigen/antibody combination immunoassay plasma specimen submitted for testing after a reactive (preliminary positive) result from any rapid HIV test.
Aetna considers the OraSure oral HIV test kit (OraSure Technologies, Bethlehem, PA) medically necessary standard HIV testing.

III. Aetna considers the OraQuick Rapid HIV-1 Antibody point-of-care test kit (OraSure Technologies, Bethlehem) to laboratory HIV blood tests for medically necessary indications for HIV testing.

Note: Aetna does not cover home HIV test kits that do not require a physician's prescription under any plans. These include:

Confide Home HIV Test (Johnson & Johnson)*
Home Access At Home HIV Test.

* The Confide Home HIV Test kit was withdrawn from the market in 1997 due to lack of consumer interest.

Background

According to the U.S. Preventive Services Task Force (USPSTF, 2005), human immunodeficiency virus (HIV) testing with the following risk factors for HIV infection:

- Individuals whose past or present sex partners were HIV-infected, bisexual, or injection drug users; or
- Men and women having unprotected sex with multiple partners; or
- Men and women who exchange sex for money or drugs or have sex partners who do; or
- Men who have had sex with men after 1975; or
- Past or present injection drug users; or
- Persons being treated for sexually transmitted diseases (STDs); or

Persons who request an HIV test despite reporting no individual risk factors may also be considered at increased risk for HIV infection. They include individuals not willing to disclose high-risk behaviors.

The USPSTF (2005) states that there is good evidence of increased yield from routine HIV screening of persons with risk factors but are seen in high-risk or high-prevalence clinical settings.

High-risk settings include any of the following:

- Adolescent health clinics with a high prevalence of STDs
- Clinics serving men who have sex with men
- Correctional facilities
- Homeless shelters
- STD clinics
- Tuberculosis clinics.

High-prevalence settings are defined by the Centers for Disease Control and Prevention (CDC) as those known to have a high prevalence of infection among the patient population being served. Where possible, clinicians should consider the characteristics of the population they serve in determining an appropriate screening strategy. Data are used to make decisions about the optimal frequency of HIV screening.

The USPSTF (2005) recommended that clinicians screen all pregnant women for HIV. The USPSTF made no recommendation regarding routine screening for HIV in adolescents and adults who are not at increased risk for HIV infection.

In 2006, CDC revised its recommendations for HIV screening of patients in all healthcare settings. Major revisions included routine HIV screening for patients aged 13 to 64 years after the patient is notified that testing will be performed unless the patient declines. The CDC recommended that persons at high-risk for HIV infection should be screened for HIV at least once.
The American College of Physicians (ACP) and HIV Medicine Association developed a guidance statement on screening settings (Qaseem et al. 2009). In accordance to the CDC's 2006 recommendation, the ACP/HIV Medicine Association care settings, screening for HIV infection should be performed routinely for all patients aged 13 to 64 years. Health screening unless prevalence of undiagnosed HIV infection in their patients has been documented to be less than 0.3% existing data for HIV prevalence, healthcare providers should initiate voluntary screening until they establish that the prevalence is no longer warranted.

Recommendations for HIV screening in pregnant women were revised to include such screening in the routine panel for all pregnant women (CDC, 2006). The CDC recommended that HIV screening after the pregnant woman is not performed unless the patient declines (opt-out screening). The CDC recommended repeat HIV testing in the third trimester for HIV, for women in jurisdictions with elevated HIV or AIDS incidence, and for women receiving healthcare in diagnosed HIV case per 1,000 pregnant women per year.

In a Cochrane review, Bateganya et al (2007) discussed home-based HIV voluntary counseling and testing delivery uptake of facility-based testing models, may be an effective method to get more patients on treatment and prevent countries. The authors concluded that home-based testing and/or delivery of HIV test results at home, rather than higher uptake in testing. However, given the limited extant literature and the limitations in the included existing study evidence to recommend large-scale implementation of the home-based testing model.

The Orasure oral HIV test kit (Orasure Technologies, Bethlehem, PA) is an HIV test kit that uses oral mucosal tran blood testing. The kit is manufactured by SmithKline Beecham Consumer Healthcare and is provided to physician HIV test kit requires physician involvement and is used for the same indications as standard HIV testing.

The OraQuick Rapid HIV-1 Antibody point-of-care test kit (Orasure Technologies, Bethlehem, PA) is a rapid, point-antibodies to HIV-1 in fingerstick whole blood and venipuncture whole blood specimen within approximately 20 min submitted to the U.S. Food and Drug Administration (FDA) by the manufacturer, OraQuick correctly identified 99.6% with HIV-1 (sensitivity) and 100% of people who were not infected with HIV-1 (specificity). As with all HIV screening needs to be confirmed by an additional, more specific Western blot test.

In a Cochrane review, Bateganya et al (2010) examined the effect of home-based HIV voluntary counselling and testing. These investigators searched MEDLINE (February 2007), EMBASE (February 2007), CENTRAL (February 2007), LILACS, CINAHL and Sociological. They also contacted relevant researchers. The original review search strategy was updated in February 2007. Randomized controlled trials comparing home-based HIV VCT with other testing models were used for this analysis independently selected studies, assessed methodological quality, and extracted data. They planned to conduct stata Review Manager software and calculate summary statistics (relative risks (RRs) with 95% confidence intervals (CIs) study from developing countries met the inclusion criteria and was included in the review. The study, a cluster randomization of VCT uptake between an optional location (including home-based) and a local clinic location in a poor urban population. The study showed a higher uptake of VCT among participants in the optional-location group. Uptake was significantly higher in those who were pre-test counselled only (RR = 4.6; 95% CI: 3.58 to 5.91); pre-test counselled an 3.51 to 5.92); and post-test counselled and received the test result (RR = 4.8; 95% CI: 3.62 to 6.21). This study, however, posed methodological problems limiting further analysis and interpretation. The authors concluded that although home-based testing to enhance VCT uptake in developing countries, insufficient data exist to recommend large-scale implementation of this approach.

They stated that further studies are needed to determine if home-based VCT is better than facility-based VCT in improving the accuracy of the laboratory diagnosis of HIV. The recommendations concern testing of serum or plasma samples.
recommendations only employed tests for HIV antibodies, but the updated recommendations also include tests for acid. The recommendations have been issued because studies from populations at high risk for HIV demonstrated may miss a considerable percentage of HIV infections detectable by virologic tests. Advantages of these updated improved accuracy of laboratory diagnosis of acute HIV-1 infection, equally accurate laboratory diagnosis of establ improved accuracy of laboratory diagnosis of HIV-2 infection, a decrease in the number of indeterminate results, an most test results (CDC, 2014).

CPT Codes / HCPCS Codes / ICD-9 Codes

CPT codes covered if selection criteria are met:
86689
86701
86702
86703
87389
87390
87391

HCPCS codes covered if selection criteria are met:
G0432 Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualita multiple-step method, HIV-1 or HIV-2, screening
G0433 Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) HIV-2, screening
G0435 Infectious agent antigen detection by rapid antibody test of oral mucosa transudate,
S3645 HIV-1 antibody testing of oral mucosal transudate

ICD-9 codes covered if selection criteria are met:
042 Human immunodeficiency virus [HIV] disease
V01.7 Contact with or exposure to other viral diseases
V08 Asymptomatic human immunodeficiency virus [HIV] infection status
V73.89 Special screening examination for other specified viral diseases

The above policy is based on the following references:

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