

Subject....

# REIMBURSEMENT POLICY STATEMENT Marketplace

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|---|-----------------------|--|--|--|
| Policy Name & Number                                    | Date Effective        |  |  |  |
| Pre-Exposure Prophylaxis Preventive Services-MP-PY-1450 | 01/01/2024-12/31/2024 |  |  |  |
| Policy Type   |                       |  |  |  |
| REIMBURSEMENT   |                       |  |  |  |

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

# This policy applies to the following Marketplace(s): ☑ Georgia ☑ Indiana ☑ Kentucky ☑ Ohio ☑ West Virginia

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## A. Subject

#### Pre-Exposure Prophylaxis (PrEP) Preventive Services

# B. Background

An estimated 1.2 million individuals in the United States are human immunodeficiency virus positive (HIV+), with an estimated 30,635 new infections in 2020. Though treatable, HIV infection is incurable and is associated with significant health complications. Effective strategies to prevent HIV infection remain a key public health priority. To prevent the spread of HIV, the Centers for Disease Control and Prevention (CDC) recommends the use of antiretroviral pre-exposure prophylaxis (PrEP) in sexually active individuals who are at high risk of HIV exposure as well as individuals who use drugs intravenously. Studies have shown that PrEP significantly reduces the transmission of HIV to persons who are currently HIV-.

The Federal Patient Protection and Preventive Care Act of 2010 requires insurance plans cover preventive medicine services with a recommendation of "A" or "B" by the U.S. Preventive Services Task Force (USPSTF). The USPSTF assigns one of five letter grades (A, B, C, D, or I) which describes the strength of a recommendation and communicates its importance to providers.

- Grade A The USPSTF recommends the service; there is high certainty that the net benefit is substantial.
- Grade B The USPSTF recommends the service; there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
- Grade C The USPSTF recommends selectively offering or providing the service to individual patients based on professional judgement and patient preferences. There is at least moderate certainty that the net benefit is small.
- Grade D The USPSTF recommends against the service; there is moderate or high certainty that the service has not net benefit or that the harms outweigh the benefits.
- Grade I The USPSTF concludes that the evidence is insufficient to assess the balance of benefits and harms of the service.

The USPSTF recommends clinicians prescribe PrEP with effective antiretroviral therapy to individuals who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV infection (Grade A). To achieve the benefit of PrEP, it is important for individuals to receive counseling about antiretroviral medication adherence, safer sex practices, and regular testing for HIV and other related infections. Prior to receiving a prescription for PrEP, individuals may require counseling and laboratory testing to evaluate the need for PrEP as well as establish a baseline health status. As PrEP is only effective with medication adherence, follow-up appointments with or without laboratory testing are often necessary. As of October 1, 2023, ICD-10 code Z29.81 (encounter for HIV pre-exposure prophylaxis) is available for providers to use on medical claims.

Insurance plans are not required to provide coverage for these preventive services when delivered by out-of-network providers.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



#### C. Definitions

- **Pre-Exposure Prophyaxis (PrEP)** Antiretroviral medication that helps prevent individuals from acquiring HIV.
- **USPSTF** An independent, volunteer panel of national experts that makes evidence-based recommendations about clinical preventive services.

#### D. Policy

- CareSource will provide PrEP and related services to members who qualify as high risk, following USPSTF guidelines for the prevention of HIV. These services are classified as preventive, with no cost share. Please refer to the most recently published USPSTF guideline for clarification of high risk and current coverage recommendations.
- II. Caresource covers the following without cost-sharing when associated with PreP:
  - A. FDA-approved PrEP antiretroviral medications
  - B. Baseline and monitoring services, including
    - 1. HIV testing
    - 2. hepatitis B and C testing
    - 3. creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR)
    - 4. pregnancy testing (as appropriate)
    - 5. sexually transmitted infection (STI) screening and counseling
    - 6. adherence counseling
  - C. office visits associated with PrEP
- III. The following code set has been provided for informational purposes only. These codes may be used to identify a service as part of PrEP preventive services. In order for a service in Section II to be identified as part of PrEP preventive services and cost sharing to be waived, providers need to follow the below coding steps:
  - A. Use ICD-10 code Z29.81 on the claim, or
  - B. Use ICD-10 code Z20.6 or Z11.4, AND at least one of the other below codes on the claim.

| ICD-10<br>Code | Code Description   |  |  |
|----------------|--|--|--|
| Z11.3          | Encounter for screening for infections with a predominantly sexual mode of transmission              |  |  |
| Z11.4          | Encounter for screening for human immunodeficiency virus [HIV]                                       |  |  |
| Z11.59         | Encounter for screening for other viral diseases   |  |  |
| Z11.8          | Encounter for screening for other infectious and parasitic diseases                                  |  |  |
| Z11.9          | Encounter for screening for infectious and parasitic diseases, unspecified                           |  |  |
| Z20.2          | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission |  |  |
| Z20.6          | Contact with and (suspected) exposure to human immunodeficiency virus [HIV]                          |  |  |
| Z20.828        | Contact with and (suspected) exposure to other viral communicable diseases                           |  |  |



| Z20.89 Contact          | with and (suspected) exposure to other communicable diseases               |  |
|-------------------------|--|--|
| Z20.9 Contact           | with and (suspected) exposure to unspecified communicable disease          |  |
| <b>Z29.89</b> Encount   | er for other specified prophylactic measures                               |  |
| Z32.00 Encount          | er for pregnancy test, result unknown                                      |  |
| <b>Z32.01</b> Encount   | er for pregnancy test, result positive                                     |  |
| <b>Z32.02</b> Encount   | er for pregnancy test, result negative                                     |  |
| <b>Z51.81</b> Encount   | Encounter for therapeutic drug level monitoring                            |  |
| <b>Z70.0</b> Counsel    | ing related to sexual attitude   |  |
| Z70.1 Counsel           | ing related to patient's sexual behavior and orientation                   |  |
| Z70.3 Counsel           | ing related to combined concerns regarding sexual attitude, behavior       |  |
| and orie                |  |  |
|                         | mmunodeficiency virus [HIV] counseling                                     |  |
|                         | heterosexual behavior  |  |
|                         | High risk homosexual behavior  |  |
|                         | High risk bisexual behavior  |  |
|                         | Other problems related to lifestyle  |  |
|                         | Contact with and (suspected) exposure to potentially hazardous body fluids |  |
|                         | Other contact with and (suspected) exposures hazardous to health           |  |
| <b>Z79.899</b> Other lo | Other long term (current) drug therapy                                     |  |
|                         | Contact with hypodermic needle, initial encounter                          |  |
|                         | Contact with hypodermic needle, subsequent encounter                       |  |
| W46.1XXA Contact        | with contaminated hypodermic needle, initial encounter                     |  |
| W46.1XXD Contact        | with contaminated hypodermic needle, subsequent encounter                  |  |

#### IV. Exclusions

Claims received from the emergency department would not generally qualify as PrEP preventive services.

- E. State-Specific Information NA
- F. Conditions of Coverage NA
- G. Related Policies/Rules NA

# H. Review/Revision History

|                | DATE  | ACTION                             |
|----------------|---|------------------------------------|
| Date Issued    | 09/27/2023  | New Policy. Approved at Committee. |
| Date Revised   |   |                                    |
| Date Effective | 01/01/2024  |                                    |
| Date Archived  | Date Archived  12/31/2024 This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy. |                                    |

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



# I. References

- 1. Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, 85 Fed. Reg. 71142 (Nov. 6, 2020).
- 2. Assistant Secretary for Public Affairs. About the Affordable Care Act. United States Dept of Health and Human Services. Reviewed March 17, 2022. Accessed July 28, 2023. www.hhs.gov
- 3. *Billing Coding Guide for HIV Prevention*. National Alliance of State & Territorial AIDS Directors; 2016. Accessed July 24, 2023. www.nastad.org
- 4. Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2021. Accessed July 27, 2023. www.cdc.gov
- 5. Centers for Medicare and Medicaid Services. FAQs about Affordable Care Act implementation part 54. July 28, 2022. Accessed July 27, 2023. www.cms.gov
- 6. Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. About HIV. Centers for Disease Control and Prevention. Reviewed June 30, 2022. Accessed July 28, 2023. www.cdc.gov
- Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. About PrEP. Centers for Disease Control and Prevention. Reviewed June 30, 2022. Accessed July 28, 2023. www.cdc.gov
- 8. Krakower D, Mayer KH. HIV pre-exposure prophylaxis. UpToDate. Updated February 24, 2023. Accessed July 20, 2023. www.uptodate.com
- Mayer KH, Molina JM, Thompson MA, et al. Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, activecontrolled, phase 3, non-inferiority trial. *Lancet*. 2020;396(10246):239-254. doi:10.1016/S0140-6736(20)31065-5
- 10. Patient Protection and Affordable Care Act, 42 U.S.C. §§ 18001-18122 (2022).
- 11. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States 2021 Update: Clinical Providers' Supplement. Centers for Disease Control and Prevention; 2021. Accessed July 25, 2023. www.cdc.gov
- 12. Pre-Exposure Prophylaxis for the Prevention of HIV Infection: A Systematic Review for the U.S. Preventive Services Task Force. December 2022. Accessed August 7, 2023. www.uspreventiveservicestaskforce.org.
- 13. Task Force at a Glance. United States Preventive Services Task Force. Accessed July 28, 2023. www.uspreventiveservicestaskforce.org
- US Preventive Services Task Force. Preexposure prophylaxis to prevent acquisition of HIV: US Preventive Services Task Force recommendation statement. *JAMA*. 2023;330(8):736-745. doi:10.1001/jama.2023.14461
- 15. U.S. Preventive Services Task Force. Grade Definitions. June 2018. Accessed July 24, 2023. www.uspreventiveservicestaskforce.org
- 16. US Public Health Service: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update: A Clinical Practice Guideline. US Centers for Disease Control and Prevention; 2021. Accessed July 25, 2023. www.cdc.gov



17. What does FDA regulate. United States Food and Drug Administration. Reviewed January 18, 2022. Accessed July 28, 2023. www.fda.gov

