# REIMBURSEMENT POLICY STATEMENT
# Wisconsin Marketplace

| Policy Name & Number | Date Effective |
|---|---|
| Pre-Exposure Prophylaxis Preventive Services-WI MP-PY-1507 | 01/01/2026 |
| **Policy Type** | |
| **REIMBURSEMENT** | |

Reimbursement Policies 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 agreements, 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan 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 or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we 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.

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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 1 of 5 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.

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

I. 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 (eCrCI) 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 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 |

The Subcategories of Policy Type not selected. Policy Statement detailed above has received due consideration as defined in the Subcategories of Policy Type not selected. Policy Statement Policy and is approved.

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| **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 |
| **Z29.89** | Encounter for other specified prophylactic measures |
| **Z32.00** | Encounter for pregnancy test, result unknown |
| **Z32.01** | Encounter for pregnancy test, result positive |
| **Z32.02** | Encounter for pregnancy test, result negative |
| **Z51.81** | Encounter for therapeutic drug level monitoring |
| **Z70.0** | Counseling related to sexual attitude |
| **Z70.1** | Counseling related to patient's sexual behavior and orientation |
| **Z70.3** | Counseling related to combined concerns regarding sexual attitude, behavior and orientation |
| **Z71.7** | Human immunodeficiency virus [HIV] counseling |
| **Z72.51** | High risk heterosexual behavior |
| **Z72.52** | High risk homosexual behavior |
| **Z72.53** | High risk bisexual behavior |
| **Z72.89** | Other problems related to lifestyle |
| **Z77.21** | Contact with and (suspected) exposure to potentially hazardous body fluids |
| **Z77.9** | Other contact with and (suspected) exposures hazardous to health |
| **Z79.899** | Other long term (current) drug therapy |
| **W46.0XXA** | Contact with hypodermic needle, initial encounter |
| **W46.0XXD** | 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. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

| | DATE | ACTION |
|---|---|---|
| **Date Issued** | 08/14/2024 | New market. Approved at Committee. |

The Subcategories of Policy Type not selected. Policy Statement detailed above has received due consideration as defined in the Subcategories of Policy Type not selected. Policy Statement Policy and is approved.

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| **Date Revised** | 10/08/2025 | Review: updated references, approved at Committee. |
| **Date Effective** | 01/01/2026 | |
| **Date Archived** | | |

## H. References

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