Coverage Guide for HIV Testing

HIV testing is integral to ending HIV and is the critical first component of our Nation’s efforts to end the HIV epidemic by 2030. Approximately 1.1 million people are living with HIV in the United States, and one in seven (162,000 people) are unaware of their status. The number of new infections has remained unchanged, around 40,000 cases per year, since 2012. Ensuring that all those living with HIV have access to screening services and are aware of their status is critical to both individual and public health. The earlier one knows about their HIV diagnosis, they are able to engage in care and life-saving treatment, resulting in improved health care outcomes.

Additionally, people who are aware of their HIV-positive status are more likely to take steps to avoid future transmission. Almost 40% of new HIV transmissions are attributed to people who did not know their HIV status. When a person is on treatment and maintains an undetectable viral load, there is effectively no chance of transmission, thus making treatment a form of prevention. Those who seek an HIV test and are determined not to have HIV can then be engaged in the healthcare system and receive pre-exposure prophylaxis (PrEP) for the prevention of HIV if they are at risk. The first step in achieving these positive outcomes is to make individuals aware of their HIV status through widely available testing.

Cost can present a barrier to HIV testing. Fortunately, under strong recommendations for routine HIV testing and the Affordable Care Act (ACA), most health care payers cover HIV screening.

**Influential Policies and HIV Testing**

- Under the ACA, millions of people have gained access to health coverage through optional state Medicaid expansion, private insurance Marketplaces, and insurance reforms. This coverage expansion improved access to preventive services, such as HIV testing, with no cost sharing.
- The United States Preventative Services Task Force (USPSTF), an independent government supported body, reviews and grades preventative services. Under the ACA, Medicaid, and private insurance are either required or incentivized to cover “A” and “B” graded services. Medicare incorporates USPSTF recommendations following a National Coverage Determination.
- In June 2019, the USPSTF reconfirmed its “A” grade for routine testing for those aged 15-65, pregnant women, and those at increased risk for HIV under age 15 and over age 65.
- This grade reflects the evidence-based benefits of routine HIV testing and the drawbacks of relying only on risk-based testing.

**How Health Care Payers Cover Preventive Services and HIV Testing**

**Private Insurance**

- The ACA requires all Marketplace plans, with the exception of grandfathered plans, to cover USPSTF “A” and “B” graded preventive services without cost-sharing.
HIV screening is one of the preventive services health plans must cover for pregnant women, those aged 15-65, and those “at increased risk” outside of the age range.

Under the ACA, non-grandfathered private insurance plans are also required to cover a set of “Women’s Preventative Services” defined by the Secretary of HHS without cost-sharing. Annual HIV screening and counseling for sexually active women is one of the eight preventive services that must be covered.

Medicaid (Traditional)
- Traditional Medicaid can cover HIV testing in various ways, depending on whether such testing is considered medically necessary or routine, and whether a state has elected to cover preventive services without cost-sharing.
- By law, all state Medicaid programs must cover “medically necessary” laboratory services, including HIV testing for adults. Medically necessary is defined by each state but would generally mean screening was clinically indicated based on a patient’s risk factors and/or signs of HIV infection.
- States can also elect to cover testing on a routine basis. As of May 2015, 42 states cover routine HIV testing for adults. Routine testing would be offered as a broader screening diagnostic or prevention benefit.
- Further, the ACA incentivizes state Medicaid programs to cover all USPSTF “A” & “B” preventive services (including routine HIV testing) without cost-sharing by offering the state a 1% increase in federal matching payments. As of June 2019, 15 states (CA, CO, DE, HI, KY, LA, MT, NH, NJ, NV, NY, OH, OR, WA and WI) have been approved to receive this increased funding for expanding preventive coverage, and therefore cover without cost-sharing, HIV testing for pregnant women, those aged 15-65, and for those outside that age group who are at an increased risk.

Medicaid (Expanded)
- States that expanded their Medicaid program under the ACA to cover all those living at-or-below 138% of the federal poverty level must cover USPSTF grade “A” and “B” preventive services, as well as Women’s Preventative Services, without cost-sharing.
- Those enrolled in Medicaid expansion plans also must cover routine HIV testing as recommended by the USPSTF.

Medicare
- The Medicare Improvements for Patients and Providers Act of 2008 allows Medicare to cover “A” & “B” graded preventive services provided in primary care settings that receive a National Coverage Determination. The ACA removes beneficiary cost-sharing for these preventive services.
- In April 2015, Medicare issued a National Coverage Determination based on the USPSTF’s 2013 recommendations. Medicare now covers once-annual HIV screening for all beneficiaries age 15-65, regardless of risk, and those outside of the age range at an increased risk for HIV without copayment. Pregnant women are covered for three tests during pregnancy.