

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 16.3
TITLE: HIV TESTING

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(3)(ii) and (g)(37) P.L. 104-106, Section 701

TRICARE POLICY MANUAL: Chapter 1, Section 10.1

I. EFFECTIVE DATE

July 7, 1995

II. PROCEDURE CODE(S)

86689, 87534-87539

III. POLICY

Routine screening HIV testing is not eligible for cost-sharing under the CHAMPVA Program.

IV. EXCEPTIONS

A. HIV testing is eligible for CHAMPVA cost-sharing when determined to be medically necessary (i.e. performed on individuals with verified exposure to HIV or who exhibit symptoms of HIV infection (i.e., persistent generalized lymphadenopathy).

1. Claims for HIV testing must include documentation by the attending physician verifying medical necessity.

2. Claims determined to meet the criteria for coverage are to be reimbursed following the reimbursement methodology to the provider's geographic location.

3. Separate itemization of HIV testing is acceptable when performed as an independent procedure not related or integral to a more comprehensive procedure. For example, if a patient is treated as an inpatient in a DRG facility, the testing should be included in the DRG; if a surgical patient, outpatient or ambulatory surgery, the testing cost should be included in the surgery charge. Separate itemization in these instances would be viewed as unbundling.

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B. CHAMPVA will cost share routine HIV screening tests for pregnant women, (see [Chapter 2, Section 14.1](#), *Maternity Care*).

END OF POLICY