

Screening is the first step to treatment

HIV, STIs, VIRAL HEPATITIS AND LTBI ROUTINE SCREENING TOOLKIT



Private payer coding guide

Due to the Affordable Care Act (ACA), when physicians order certain evidence-based preventive services for patients, the insurance company may cover the cost of the service, with the patient having no cost-sharing responsibility (zero-dollar). The ACA requires that most private insurance plans provide zero-dollar coverage for the preventive services recommended by four ACA designated organizations (the U.S. Preventive Services Task Force [USPSTF], the Advisory Committee on Immunization Practices [ACIP], Women's Preventive Services Initiative, and Bright Futures).

As coverage is directly aligned with these evidence-based recommendations, it is important to recognize which patient populations are eligible for each preventive service without cost-sharing and which patients may require cost-sharing for the same services. This "Private payer coding guide" helps physicians ensure that they are coding services correctly to be eligible for zero-dollar coverage. [Click here for more information.](#)

Below is a list of procedural codes related to HIV, STIs, viral hepatitis and latent tuberculosis infection screening that may be applicable in your clinical practice. The information provided does not make recommendations for the specific tests that need to be ordered.

HIV

HIV screening: Pregnant persons

Applicable patient population: The USPSTF recommends that clinicians screen all pregnant persons for HIV, including those who present in labor who are untested and whose HIV status is unknown.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot).	YES
86701	Antibody; HIV-1	YES
86702	Antibody; HIV-2	YES
86703	Antibody; HIV-1 and HIV-2, single result	YES
87389	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	YES
87390	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	YES
87391	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	YES

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HIV screening: Pregnant persons (continued)

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	YES
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	YES
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	YES
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	YES
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	YES
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	YES
87806	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	YES

HIV screening: Nonpregnant adolescents and adults

Applicable patient population: The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86701	Antibody; HIV-1	YES
86702	Antibody; HIV-2	YES
86703	Antibody; HIV-1 and HIV-2, single result	YES
87389	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	YES
87390	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	YES

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HIV screening: Nonpregnant adolescents and adults (continued)

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
87391	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	YES
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	YES
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	YES
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	YES
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	YES
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	YES
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	YES
87806	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	YES

STIs

Chlamydia screening: Sexually active women, including pregnant persons

Applicable patient population: The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86631	Antibody; Chlamydia	YES
86632	Antibody; Chlamydia, IgM	YES
87110	Culture, chlamydia, any source	YES
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	YES
87320	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	YES
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	YES
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	YES
87810	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Chlamydia trachomatis	YES

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Gonorrhea screening: Sexually active women, including pregnant persons

Applicable patient population: The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
87590	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , direct probe technique	YES
87591	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , amplified probe technique	YES
87592	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , quantification	YES
87850	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; <i>Neisseria gonorrhoeae</i>	YES

Syphilis screening: Pregnant persons

Applicable patient population: The USPSTF recommends early screening for syphilis infection in all pregnant persons.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	YES
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	YES
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	YES
86593	Syphilis test, non-treponemal antibody; quantitative	YES
86780	Antibody; <i>Treponema pallidum</i>	YES

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Syphilis screening: Asymptomatic, nonpregnant adolescents and adults

Applicable patient population: The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	YES
86593	Syphilis test, non-treponemal antibody; quantitative	YES
86780	Antibody; Treponema pallidum	YES

VIRAL HEPATITIS

Hepatitis B screening: Pregnant persons

Applicable patient population: The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant persons at their first prenatal visit.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	YES
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	YES

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Hepatitis B screening: Nonpregnant adolescents and adults

Applicable patient population: The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86704	Hepatitis B core antibody (HBcAb); total	YES
86705	Hepatitis B core antibody (HBcAb); IgM antibody	YES
86706	Hepatitis B surface antibody (HBsAb)	YES
86707	Hepatitis Be antibody (HBeAb)	YES
87340	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	
87341	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	

Hepatitis C screening: Adults

Applicable patient population: The USPSTF recommends screening for hepatitis C virus infection in adults aged 18 to 79 years.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86803	Hepatitis C antibody	YES
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	YES
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	YES
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	YES

LATENT TUBERCULOSIS INFECTION

Latent Tuberculosis Infection Screening: Asymptomatic adults at increased risk for infection

Applicable patient population: The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.

CPT® code	Code descriptor	Use Modifier 33 (Yes/No)?
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	YES
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	YES
86580	Skin test; tuberculosis, intradermal	