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## ALL PLAN LETTER

**DATE:** May 23, 2025

**TO:** All Full-Service Health Plans<sup>1</sup>

**FROM:** Sarah Ream  
Chief Counsel

**SUBJECT:** APL 25-011 - Health Plan Coverage of HIV Preexposure Prophylaxis (PrEP)

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On July 8, 2020 and July 6, 2021, the Department of Managed Health Care (DMHC) issued All Plan Letter (APL) [20-026](#) and [21-018](#) regarding health plans' obligations to cover Human Immunodeficiency Virus (HIV) antiretroviral drugs and preexposure prophylaxis (PrEP). This APL supplements the two prior APLs and gives further guidance to ensure health plans meet their obligations to cover PrEP with no prior authorization or cost-sharing.

### I. Background

Health and Safety Code section 1367.002 and federal Public Health Service (PHS) Act section 2713 (42 USC section 300gg-13) require non-grandfathered group and individual health plan products to cover certain preventive health services without cost-sharing. This requirement includes "A" and "B" grade recommendations of the U.S. Preventive Services Task Force (USPSTF), for plan years that begin on or after the date that is one year after the date the recommendation was issued.

Since June 2019, the USPSTF has recommended with an "A" grade that providers prescribe effective antiretroviral therapy to adults and adolescents weighing at least 77 pounds who are at increased risk of HIV acquisition. Effective antiretroviral therapy for preventing HIV currently includes both daily oral PrEP and long acting injectables. Health plans must cover all FDA-approved PrEP medications without cost sharing. Prior authorization and step therapy are not allowed for these medications, except when the

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<sup>1</sup> The APL applies to all full-service commercial plans. It also applies to full-service Medi-Cal managed care plans to the extent the services described herein have not been excluded from coverage under the contract between the Medi-Cal plan and the California Department of Health Care Services. This APL does not apply to Medicare Advantage plans.

US Food and Drug Administration has approved one or more therapeutic equivalents<sup>2</sup> to a drug. In that instance a plan does not need to cover all the therapeutically equivalent versions of the drug without prior authorization or step therapy, if the plan covers at least one therapeutically equivalent version without prior authorization or step therapy.<sup>3</sup>

In addition to the antiretroviral drug itself, health plans must also cover all integral services necessary for PrEP initiation and ongoing follow-up care and monitoring, as specified in clinical guidance issued by the Centers for Disease Control and Prevention (CDC).

Similarly, FAQs regarding Affordable Care Act implementation issued by the federal Departments of Labor, Health and Human Services, and the Treasury require health plans to cover, without cost-sharing, items and services that are integral to the furnishing of a recommended preventive service, regardless of whether the item or service is billed separately. [FAQs Part 47](#), issued in 2021, specifies the integral services recommended by the CDC for daily oral PrEP, including HIV and hepatitis B and C testing, creatinine testing, pregnancy testing, sexually transmitted infection screening and counseling, and adherence counseling. [FAQs Part 59](#), issued in 2023, reiterates that all items and services that are integral to furnishing a recommended preventive service must be covered without cost-sharing. However, unlike federal law which permits reasonable medical management, state law generally prohibits medical management (e.g., utilization review, step therapy) regarding PrEP, unless there is one or more therapeutic equivalents of the PrEP drug.

## **II. Coding to ensure uniform billing for PrEP and integral services**

To prevent enrollees from being inadvertently charged cost-sharing for PrEP and/or services integral to the administration of PrEP, health plans and providers should follow the uniform coding guidelines consistent with ICD-10-CM and any updates thereto. The DMHC encourages plans to share guidance with their contracted providers to help ensure consistent billing across providers and plans.

Below are two charts that set forth integral services recommended by the CDC for daily oral PrEP (Chart A) and cabotegravir (Chart B). With respect to each form of PrEP, the listed integral services must all be covered as preventive care without cost-sharing. Each chart includes the CDC-recommended frequency for each integral service. If an insurer imposes frequency limits on any integral services for PrEP, the frequency limits must not be more restrictive than those set forth in the CDC's guidelines.

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<sup>2</sup> Therapeutic equivalents contain the same active ingredient(s); dosage form and route of administration; and strength. There are currently only two therapeutically equivalent PrEP medications: Truvada and its generic equivalent (emtricitabine/tenofovir). Daily oral PrEP medication is not a therapeutic equivalent to the injectable.

<sup>3</sup> Health and Safety Code section 1342.74(a)(2).

The charts also include examples of billing codes for integral services. The billing codes included in the charts are not intended to be a complete list of qualifying codes.<sup>4</sup>

### A. Daily oral PrEP

Per the ICD-10-CM guidelines, the primary/first position code should be Z29.81 for each service provided as part of the PrEP protocol, unless the primary reason for the visit was something other than an encounter for HIV-pre-exposure prophylaxis, in which case Z29.81 could be the secondary code. The specific tests and services provided should then be coded as follows:

<b>CDC-Recommended Integral Services</b>	<b>CPT Code Examples</b>	<b>CDC Recommended Frequency<sup>5</sup></b>
Encounter for prescribing (up to 90-day supply), adherence and behavioral risk reduction counseling, medication management	Preventive medicine counseling: 99401-99404, 99411, 99412  Preventive medicine services: 99384-99387, 99394-99397	At baseline and at least every 3 months thereafter
HIV screening test	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87806	At baseline and at least every 3 months thereafter
Hepatitis B virus screening	86704-86706, 87340, 87341, 87467	At baseline
Hepatitis virus vaccination	90743, 90746  Administration: 90471, 90472	At baseline
Hepatitis C virus screening	86803, 86804	At baseline and every 12 months thereafter

<sup>4</sup> For example, other codes that may be relevant include: 80081; G0432; G0433; G0435; G0475, G0011, G0012 - G0013 (only covered by Medicare), J0750, J0751, J0799.

<sup>5</sup> Please note that the CDC recommended frequency is not a bright line rule. The appropriate frequency of a particular service for an enrollee will depend on the individual circumstances of the enrollee.

<b>CDC-Recommended Integral Services</b>	<b>CPT Code Examples</b>	<b>CDC Recommended Frequency<sup>5</sup></b>
Renal function testing	82565, 82570, 82575	At baseline and at least every 6 (age 50+) to 12 (age<50) months thereafter
Gonorrhea, chlamydia, and syphilis screening for men and transgender women who have sex with men	Gonorrhea: 87590, 87591, 87592, 87850  Chlamydia: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810  Syphilis: 86592, 86593, 86780	At baseline and at least every 3 months thereafter
Gonorrhea and syphilis screening for heterosexually active men and women	Gonorrhea: 87590, 87591, 87592, 87850  Syphilis: 86592, 86593, 86780	At baseline and at least every 6 months thereafter
Chlamydia screening for heterosexually active women and men	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810	At baseline and at least every 12 months thereafter
If on tenofovir disoproxil fumarate (F/TDF), triglyceride and cholesterol level monitoring	80061	At baseline and at least every 12 months thereafter
Pregnancy testing	81025, 84702, 84703	At baseline and as necessary

### **B. Long-acting injectable PrEP**

Per the ICD-10-CM guidelines, the primary/first position code should be Z29.81 for each service provided as part of the PrEP protocol. The specific tests and services provided should then be coded as follows:

<b>CDC-Recommended Integral Services</b>	<b>CPT Code Examples</b>	<b>CDC Recommended Frequency<sup>6</sup></b>
Encounter for injection, adherence and behavioral risk reduction counseling, medication management	Preventive medicine counseling: 99401-99404, 99411, 99412  Preventive medicine services: 99384-99387, 99394-99397	At baseline, 4 weeks later, and every 8 weeks thereafter (months 0, 1, 3, 5, etc.)
Cabotegravir	HCPCS Code J0739  Injection: 96372	At baseline, 4 weeks later, and every 8 weeks thereafter
HIV screening test	86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87806	At baseline, 4 weeks later, and every 8 weeks thereafter
Hepatitis C virus screening	86803, 86804	At baseline and every 12 months
Gonorrhea, chlamydia, and syphilis screening for men and transgender women who have sex with men	Gonorrhea: 87590, 87591, 87592, 87850  Chlamydia: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810  Syphilis: 86592, 86593, 86780	At baseline and at least every 4 months
Gonorrhea and syphilis screening for heterosexually active men and women	Gonorrhea: 87590, 87591, 87592, 87850  Syphilis: 86592, 86593, 86780	At baseline and at least every 6 months
Chlamydia screening for heterosexually active women and men	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810	At baseline and at least every 12 months

<sup>6</sup> Please note that the CDC recommended frequency is not a bright line rule. The appropriate frequency of a particular service for an enrollee will depend on the individual circumstances of the enrollee.

<b>CDC-Recommended Integral Services</b>	<b>CPT Code Examples</b>	<b>CDC Recommended Frequency<sup>6</sup></b>
Pregnancy testing	81025, 84702, 84703	At baseline and as needed

If you have questions regarding this APL, please contact your health plan's assigned reviewer in the DMHC's Office of Plan Licensing.