

# Routine HIV Screening

## Your Toolkit for Routine HIV Screening

### Routine HIV Screening in Texas

Routine HIV screening in all healthcare settings is recommended by the CDC (ages 13 to 64) and the United States Preventive Services Task Force (Grade A) (ages 15 to 65).

Routine HIV screening is a basic public health strategy that identifies unrecognized HIV infection so treatment can be offered to reduce the likelihood of continued transmission.

This toolkit provides information to healthcare providers to overcome potential obstacles when implementing routine HIV screening as a standard of care. Public health benefits and provider considerations such as informed consent, delivering test results, linkage to medical care, and billing are included.

### The Rationale

#### *HIV Prevalence is Rising in Texas*

- In the last five years, the number of Texas reported to be living with HIV increased by almost 19%.
- In 2014 about 80,073 people were known to be living with HIV.
- Disease surveillance data indicate more than 1 in 4 Texans with HIV received a late diagnosis of their infection, meaning they were diagnosed with AIDS within 3 months of their HIV diagnosis. In other words, many Texans are infected with HIV for years without the knowledge that triggers behavior change and without the treatment that could lower viral load and reduce transmission.
- More than 90% of HIV transmissions are attributed to persons with undiagnosed HIV infection and out-of-care persons living with HIV. In theory, new HIV infections could be reduced by more than 30% per year if all infected persons knew their HIV status and behaviors that can transmit HIV to others.

### The Benefits

#### *Early Diagnosis and Treatment*

#### *Enhanced Health Outcomes*

Greater response to therapy such as Anti-retroviral Therapy (ART)

Slower clinical progressions

Reduced Mortality

#### *Reduced HIV Transmission*

Prevalence of unprotected sex with uninfected partners is on average lower for HIV-infected persons who were aware of their status compared to persons unaware of their status.

Persons in care & receiving ART experience reduced viral loads & may decrease the risk of transmission by 96%

#### *Decreased Co-morbidities*

Decreased Cardiovascular disease including myocardial infarction & early carotid atherosclerosis  
Decreased renal disease including nephropathy, especially among Black/African Americans & older patients, & those with diabetes, hypertension, or low CD4 count  
Decreased hepatic disease, including cirrhosis, end stage liver disease & hepatocellular cancer in

patients with hepatitis B or C co-infection  
Decreased non-AIDS cancer from direct inflammatory effect of HIV infection

## Provider Considerations

### *Consent*

#### The Texas Health and Safety Code (Section 81.105 & 81.106)

- A separate signed consent for HIV testing is NOT required by Texas Law
- Consent for HIV testing is covered in the general consent if the client is informed they will be tested as part of the standard labs completed during their visit. Unless the patient declines (ops-out), the HIV screen will be performed.
- Parental consent is not required for patients ages 13-18 years old.
- Information consent may be provided in one of three ways:
  1. Verbally
  2. Included in general consent
  3. Posters or signs in waiting rooms & clinic rooms to inform patients that they will be tested for HIV if they receive care at the facility
- Example: “We will include an HIV test with your lab work today, do you have any questions?”

### *Results Delivery, Billing Concerns, CPT Codes*

#### The Texas Health & Safety Code (81.109)

##### Requires:

- Reactive test results be provided in-person
- Results be provided confidentially

##### Recommends:

- Positive test results be provided by a:
  - Clinician,
  - Local health department Disease Intervention Specialist (DIS) if unable to locate the patient

##### No Requirements

- Negative, non-reactive test results may be delivered like any other lab result: “No news is good news.”

### *The United States Prevention Services Task Force*

#### HIV Screening is:

A preventive service

A provision of the Affordable Care Act (Section 2713)

Covered without patient cost-sharing

Covered by all private insurance companies

Covered by Medicaid and Medicare in Texas

### *CPT Codes and Descriptions*

87389 **4<sup>th</sup> Generation Combo.** Detects HIV p24 AG & HIV ½ Ab

86703 **Supplemental Test.** Detects/differentiates HIV-1 & HIV-2 Ab  
87535 **HIV-1 RNA Qualitative.** Detects/confirms acute HIV infection.  
87534 **HIV-1 DNA or RNA, direct probe.** Viral load  
87536 **Qualitative HIV-1: DNA or RNA reverse transcription.** Viral load

Linkage to Care

*Linkage to Care is a KEY Component of Both HIV Screening & Prevention of Further HIV Transmission.*

What?

A client is considered linked to care once they attend their first HIV medical appointment with a physician who performs an assessment and may prescribe ART.

Where?

Some CHCs/FQHCs  
HIV specialty clinics  
Local health department  
Provide ID specialist

Who?

Patient navigators  
Case managers  
Social workers  
Disease intervention specialists  
Linkage workers

