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).

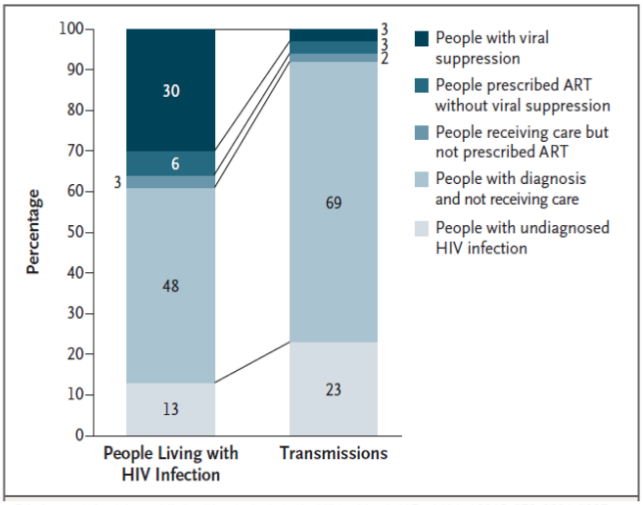
Routine HIV screening is a basic public health strategy that identifies unrecognized HIV infection so treatment can be offered to reduce the likelihood of continued transmission.

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 Texans 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.



Frieden et al. Applying public health principals to the HIV epidemic.N Engl J Med 2015; 373: 2281-2287.

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

Cardiovascular Disease
Myocardial infarction & early carotid atherosclerosis

Renal Disease
Nephropathy, especially among Black/African Americans & older patients, & those with diabetes, hypertension, or a low CD4 count

Hepatic Disease
Cirrhosis, end stage liver disease, & hepatocellular cancer in patients with hepatitis B or C co-infection

Non-AIDS Cancer
From direct inflammatory effects of HIV infection

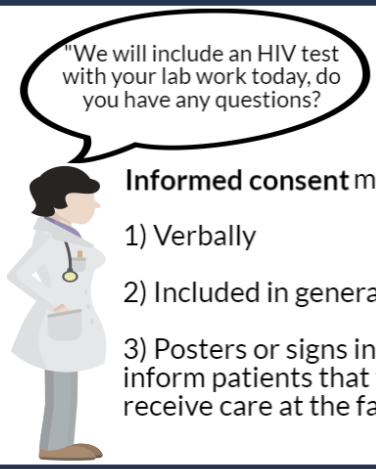
Provider Considerations

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 (opts-out), the HIV screen will be performed.

Parental consent is **NOT** required for patients ages 13 to 18 years old.



Informed 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

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 Preventive Services Task Force

HIV Screening is:

A preventative service

A provision of the Affordable Care Act (Section 2713)

Covered **without patient cost-sharing**

Covered by **all private insurance companies**

Covered by Medicaid & Medicare in Texas

CPT Code	Description
87389	**4th Generation Combo** *Detects HIV p24 Ag & HIV 1/2 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	**Quantitative HIV-1: DNA or RNA reverse transcription** *Viral load*

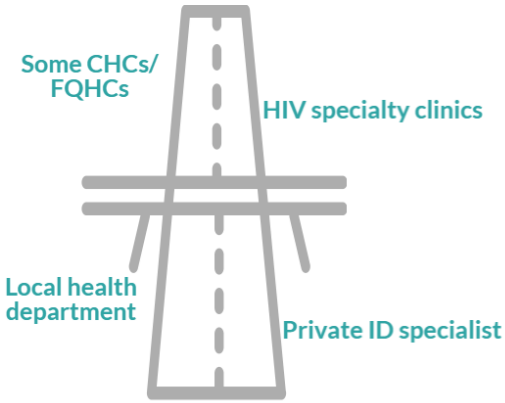
Linkage to Care

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?



For more referral information in Texas:
www.dshs.state.tx/hivstd/services

WHO?

- Patient navigators
- Case managers
- Social workers
- Disease Intervention Specialists
- Linkage workers

Tx HIV Syndicate

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