

WHAT PROVIDERS NEED TO KNOW

- Routine HIV testing is now common practice in Texas.
- An estimated 18,000 Texans who are infected with HIV are unaware of their status. The main purpose of routine HIV testing is to find people who don't know they are HIV-infected and link them to HIV care and support.
- Texas does not require a separate written consent for HIV testing (see Texas Health and Safety Code Sections 81.105 and 81.106).
- Language matters. An example of opt-out language: "We will include an HIV test in your blood work today. Do you have any questions?"
- Patients have a right to refuse testing. If a patient declines testing, ask why and explore barriers. You may be surprised that the patient tells you s/he has HIV.
- All patients testing HIV-positive should be notified face-to-face and immediately be linked to medical care to manage their disease.
- To find HIV/STD service providers in Texas, visit www.dshs.texas.gov/hivstd/services/
- For CDC routine HIV screening recommendations, visit www.cdc.gov/hiv/testing/clinical/
- For the U.S. Preventive Services Task Force recommendation for HIV screening, visit www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening
- For HIV prevention services billing coding guidelines, visit www.nastad.org/resource/billing-coding-guide-hiv-prevention
- For U.S. Department of Health and Human Services HIV/AIDS treatment guidelines, visit <http://aidsinfo.nih.gov/guidelines>
- For more information on routine HIV testing in Texas, visit www.testtexashiv.org

WE ORDER **The Test**



Texas Department of State
Health Services

testTEXAS
HIV Coalition

Medicare HCPS Codes

Code	Description
G0475	HIV antigen/antibody, combination assay, screening
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening

Use ICD-10 Code Z11.4 with G-codes

CPT Codes

Code	Rapid Test Modifier	Description
87389		4th Generation Combo HIV Ab/Ag test
86701	92	Antibody; HIV-1
86703	92	Antibody; HIV-1, HIV-2 (Supplemental assay)
87534		HIV-1: Nucleic Acid (DNA or RNA), direct probe (viral load)
87535		HIV-1 RNA assay (QUALITATIVE); reverse transcriptase
87536		HIV-1: (DNA or RNA); reverse transcriptase (viral load)
87390	92	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple-step; HIV-1
36415		Collection of venous blood by venipuncture
99385		Initial comprehensive preventive medicine service evaluation and management 18–39 years of age (new patient)
99386		Initial comprehensive preventive medicine service evaluation and management 40–64 years of age (new patient)
99395		Periodic comprehensive preventive medicine reevaluation and management 18–39 years of age (established patient)
99396		Periodic comprehensive preventive medicine reevaluation and management 40–64 years of age (established patient)
99211-99215		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.

The modifier 92 is added to the CPT code to identify point of care test technology.

ICD-10-CM Diagnosis Codes

Code	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z11.4	Encounter for screening for HIV
Z72.89	Other problems related to lifestyle
Z71.7	HIV counseling
Z21	Asymptomatic HIV infection status. <i>Code first HIV disease complicating pregnancy, childbirth and the puerperium, if applicable (098.7-)</i>
B20	HIV disease <i>Code first HIV disease complicating pregnancy, childbirth and the puerperium, if applicable (098.7-)</i> <i>Use additional code(s) to identify all manifestations of HIV infection</i>
Z34.00	Encounter for supervision of normal first pregnancy
Z34.8	Encounter for supervision of other normal pregnancy
009	Supervision of high-risk pregnancy (requires 4th and 5th digits) <i>Total of 18 high risk pregnancy codes, most with the 4th and 5th digits</i>

It is now the standard of care to provide routine voluntary HIV testing to all patients ages 13 to 64 in all medical settings.

Follow the steps below:

- Inform patients that routine HIV testing is provided to all patients unless they decline.
- For **negative** results: treat as other negative lab results unless the patient needs further testing and/or a referral for Pre-Exposure Prophylaxis (PrEP) due to ongoing risk.
- For **positive** results: explain the result (face-to-face) and immediately **link** your patient to ongoing HIV medical care.
- Report all acute HIV cases to your local health department within one working day, and all non-acute HIV cases to your local health department within one week of confirmatory test results.
- Antiretroviral therapy (ART) is recommended for **all** HIV-infected persons to reduce the risk of disease progression regardless of CD₄ cell count. ART is also recommended for HIV-infected persons to prevent further transmission of HIV.

MYTHS & BARRIERS

FACTS & FACILITATORS

I don't know how to talk to people about HIV or do HIV counseling.

Doctors often diagnose serious, chronic diseases. The same skills apply to diagnosing HIV. An HIV specialist can provide additional support and planning.

HIV is a young person's disease.

Nearly one in five HIV diagnoses in Texas is among people age 45 and older.

I will become inundated with HIV-positive patients.

Most practices will have a very small number of diagnoses.

I don't have time for routine testing.

Order HIV testing with other tests.

I can tell which patients are at risk for HIV.

Offering testing only to patients with reported risk factors misses many people who have HIV.

My patients must sign a separate consent form for HIV testing.

Texas does not require separate written consent for HIV testing.

In that case, "routine" testing is "secret" testing.

Routine testing is not secret - it is voluntary. Patients should be told verbally or in writing that testing will be done unless they opt out.

My patients will refuse the test.

Explain to your patients that you test everyone, explain why it's recommended, and offer it again.