WHAT PROVIDERS NEED TO KNOW

- Routine HIV testing is now common practice in Texas.
- HIV is not just a young person's disease. Nearly one in four HIV diagnoses in Texas is among people age 45 and older.
- An estimated 20 percent of Texas residents 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 immediately be linked to medical care to manage their disease.
- For CDC routine HIV screening recommendations, visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm.
- For routine HIV testing guidelines from the American Medical Association, visit www.ama-assn.org/ama1/pub/upload/mm/36/hiv_cpt_guidance.pdf.
- 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.
- To find HIV/STD service providers in Texas, visit www.dshs.state.tx.us/hivstd/services/service.shtm.

TEXAS Department of State Health Services

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WE ORDER The Test

Routine HIV Testing:
Information for Texas Health Providers

ROUTINE HIV TESTING

MEDICAL CODING

Medicare HCPS Codes

Code	Description
G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-quantitative, multiple-step method, HIV-1 or HIV-2, screening
G0433	Infectious agent antigen detection by enzyme-linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening
G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening

CPT Codes

Code	Rapid Test Modifier	Description
87389		4th Generation Combo HIV Ab/Ag test
86689		Antibody; HTLV or HIV antibody, confirmatory test (e.g. Western Blot)
86701	92	Antibody; HIV-1
86703	92	Antibody; HIV-1 and HIV-2, single assay
87534		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536		Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87390	92	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; 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.

ICD-9-CM Diagnosis Codes

Situation	Code	Description
Patient seen as part of a routine medical exam	V70.0	Routine general medical examination at a health care facility
Patient seen to determine his/her HIV status (can be used in addition to routine medical exam)	V73.89	Special screening for other specified viral diseases
Asymptomatic patient in a known high-risk group for HIV (can be used in addition to routine medical exam)	V69.8	Other problems related to lifestyle
Counseling provided during the encounter for the test (add additional code if applicable)	V65.44	HIV counseling
Returning patient informed of his/her HIV negative test results	V65.44	HIV counseling
Returning patient informed of his/her HIV positive test results AND patient is asymptomatic	V08	Asymptomatic HIV infection status
Returning patient informed of his/her HIV positive test results, AND patient is symptomatic	042	HIV disease
HIV counseling provided to patient with positive test results	V65.44	HIV counseling
Patient seen as part of prenatal medical examination	V73.89	Patient seen as part of a routine prenatal care.
Patient seen for first pregnancy	V22.0	Supervision of normal first pregnancy
Patient seen for other-than-first pregnancy (second, third, etc.)	V22.1	Supervision of other normal pregnancy
Management of high-risk pregnancy	V23.8	Other High-Risk Pregnancy
Management of high-risk pregnancy	V23.9	Supervision of unspecified high-risk pregnancy

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 due to ongoing risk.
- For **positive** results: explain the result and immediately **link** your patient to ongoing HIV medical care.
- Report HIV-positive patients 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. 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.	Most people diagnosed with HIV are 30+ years old.
I will become inundated with HIV-positive patients.	Most practices will have a very small number of diagnoses, fewer than 1 per 300 patients tested.
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 refuse.
My patients will refuse the test.	Explain to your patients that you test everyone and offer it again.