ROUTINE HIV TESTING: WHAT PROVIDERS NEED TO KNOW

Routine HIV testing is the law in CT and will help keep people safe and healthy!



Tell Everyone to Screen & Test

Connecticut Department of Public Health

for more info, visit test-ct.org

Your Provider Guide for Routine HIV Testing provides information about routine testing nationwide and in Connecticut specifically:

- The benefits of early diagnosis and treatment;
- The Status Neutral Model of Care; and
- More considerations for healthcare providers who will implement routine HIV testing as a standard part of medical care.

for more info, visit test-ct.org

ROUTINE HIV TESTING IN THE UNITED STATES & CONNECTICUT

Routine HIV testing in healthcare settings is recommended by the Centers for Disease Control & Prevention (CDC) for all individuals ages 13 to 64; and by the United States Preventive Services Task Force (USPSTF) for all ages 15 to 65.

Beginning in 2023, all persons in Connecticut over the age of 13 must be offered an HIV test as a routine part of medical care. In 2024, HIV testing must be routinely offered in emergency departments as well. Although testing must be offered, individuals have the right to opt out of testing.

Routine HIV testing is a basic public health strategy that identifies undiagnosed HIV infection so treatment can be offered to reduce further transmission.



BENEFITS OF EARLY DIAGNOSIS & TREATMENT

BETTER HEALTH OUTCOMES

- Greater response to treatment
- Slower clinical progression
- Reduced mortality

DECREASED CO-MORBIDITIES

- Reduced cardiovascular disease
- Reduced renal disease
- Reduced hepatic disease
- Reduced cancer

REDUCED HIV TRANSMISSION

- Persons living with HIV who adhere to HIV medications and maintain undetectable viral loads may decrease risk of sexual transmission by 96%
- Identify and test individuals who may have been exposed and offer appropriate prevention services

USING AN OPT-OUT APPROACH TO TESTING OVER RISK-BASED

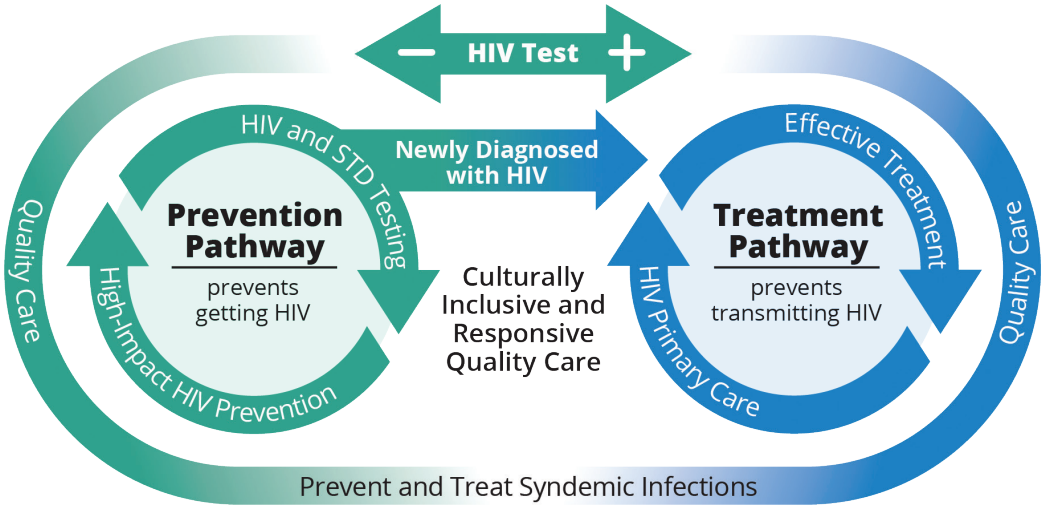
- Conducting risk-based screening may fail to identify persons with HIV, as many people are not tested or diagnosed until late in their infection.
- Risk-based screening can also be stigmatizing, as it involves judgements on behaviors.
- When an opt-out approach is implemented, patients are informed that an HIV test is standard for all people as a preventive screening test. Opt-out means they can decline the testing and that should be noted in their medical record.
- Routine opt-out screening has proven to be effective because it:
  - Removes stigma regarding HIV testing
  - Facilitates early diagnosis and treatment
  - Reduces HIV transmission
  - Is cost-effective

STATUS NEUTRAL MODEL OF CARE

PROVIDERS ARE ENCOURAGED TO USE A STATUS NEUTRAL MODEL OF CARE TO PROVIDE:

- Healthcare that encompasses HIV testing, prevention, and treatment services, and helps individuals get what they need;
- A test that serves as a pathway to prevention and/or care services, so there is no wrong door to services;
- Links to prevention services for those who test nonreactive/negative, based on their identified needs (e.g., follow-up HIV testing, STD testing, drug user health services, PrEP/PEP services, medical or behavioral health services) and;
- Links to care services for those who test reactive/positive, such as: confirmatory HIV testing, medical care, medical case management, and partner services.

Status Neutral HIV Prevention and Care



People whose HIV tests are nonreactive/negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. Syringe Service Programs), and supportive services to stay HIV negative.

People whose HIV tests are reactive/positive enter primary care, and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

LINKAGE TO CARE (A CLOSER LOOK)

Linkage to Care is a KEY component to HIV testing and prevention to prevent the spread of HIV and end the HIV epidemic in CT.

WHEN IS SOMEONE CONSIDERED LINKED?

- Once they attend their first HIV medical appointment with a physician who performs an assessment and prescribes antiretroviral therapy (ART).

WHERE CAN SOMEONE BE LINKED?

- Primary Care
- Infectious Disease Provider
- HIV Specialty Clinic
- Community Health Center
- Federally Qualified Health Center

WHO CAN PATIENTS BE LINKED TO OR BY WITH A WARM HAND-OFF?

- Ryan White Case Managers
- Community Health Workers
- Linkage to Care Navigators
- Patient Navigators
- Social Workers
- Disease Intervention Specialists

PROVIDER CONSIDERATIONS

IMPLEMENTING ROUTINE HIV TESTING INTO PRACTICE

- What structural or institutional changes need to be made to support implementation in your healthcare setting?
  - Provider or department buy-in
  - Staff education
  - Prompts in EHR or EMR for ordering a test
  - Inform patients that HIV testing is a routine part of medical care and lab work
- Define the workflow
  - How will patients be informed that HIV testing is a routine part of care, but they can opt out?
  - What testing technology will be used (Rapid Point of Care or Lab-Based Conventional)?
  - Who will conduct the test and provide results?
  - Who will document information in patient charts?
  - Who will report positive cases to DPH?
  - How will linkages to prevention and care services be made?
- Develop routine HIV testing policy and procedures
- Develop evaluation plan to measure the impact of routine testing

CONSENT/CONFIDENTIALITY

UNDER CT GENERAL STATUTES 19A-582

- A separate signed consent is NOT legally required in clinical settings.
- Consent for HIV testing is covered in the general consent to treat if the client is told they may be tested for it along with routine lab work and the client does not opt out.
- The consent of a parent or guardian shall not be a prerequisite to testing of a minor. Anyone 13 and older can be tested without parental consent in CT.

UNDER CT GENERAL STATUTES 19A-592

- Parental consent for HIV testing, treatment or Pre-exposure Prophylaxis (PrEP) is NOT required for patients over age 13.

CONSENT AND CONFIDENTIALITY ARE PARAMOUNT, AND CAN BE ADDRESSED IN THE FOLLOWING WAYS:

- Verbally
- Included in general consent documents

DELIVERING RESULTS

STATE LAW (19a-582) REQUIRES THAT TESTED INDIVIDUALS ARE:

- Given their test results
- Offered counseling or referrals for counseling
- Informed of medical treatments/services
- Advised to notify partners

IT IS RECOMMENDED THAT REACTIVE/ POSITIVE RESULTS ARE GIVEN:

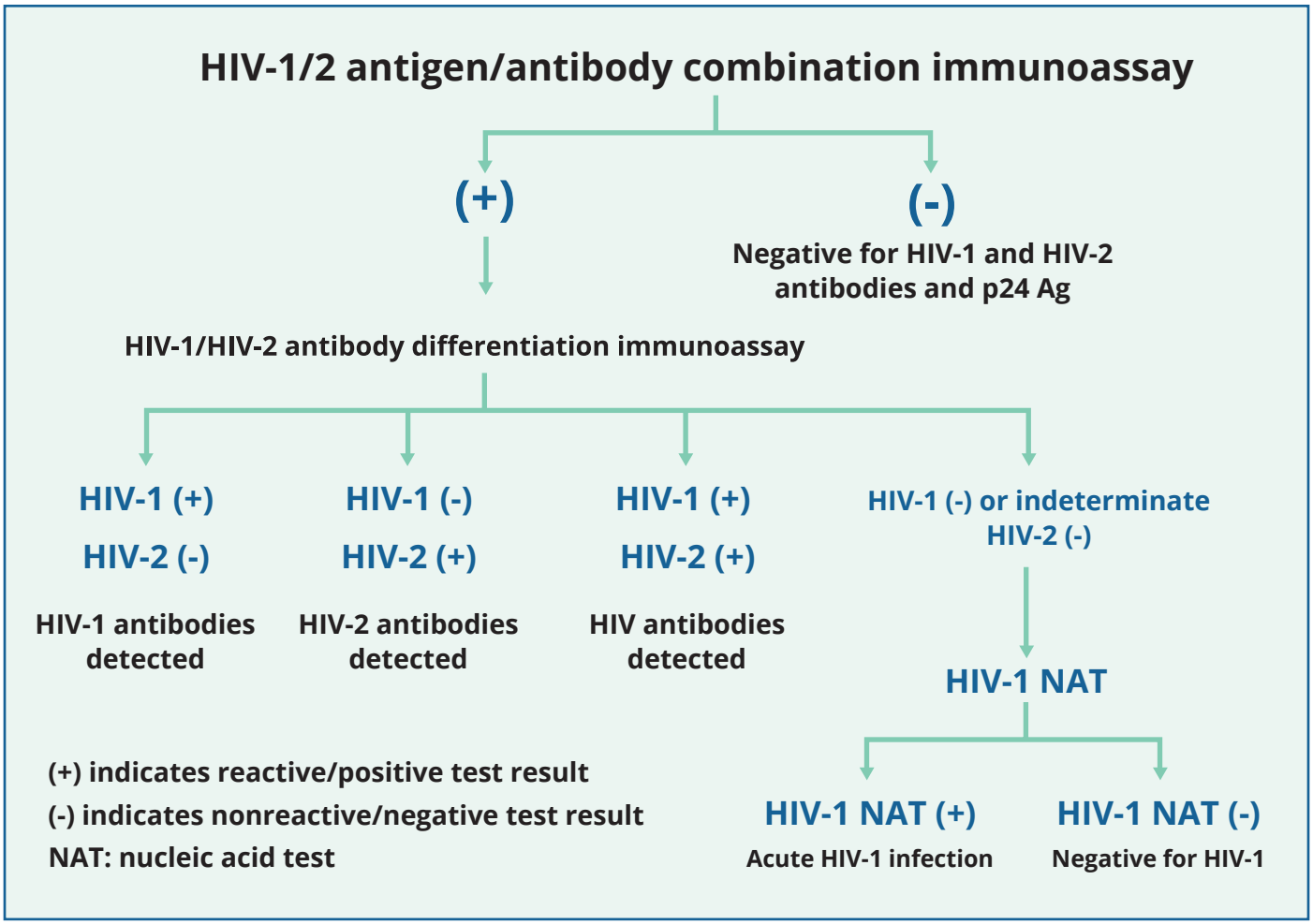
- Confidentially in-person by the physician or tester
- Confidentially by a Disease Intervention Specialist if unable to locate the patient

It is recommended that individuals who test negative for HIV be assessed for followup testing for HIV, viral hepatitis or sexually transmitted diseases, or services for PrEP/PEP, substance use disorder, mental health, etc.

For reporting, please complete a Confidential HIV Case Report Form and fax to 860-509-8237 or call the Department of Public Health, HIV Surveillance Program at 860-509-7900. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/pdf_forms_/HIVAIDSFormpdf.pdf



RECOMMENDED LABORATORY HIV TESTING ALGORITHM FOR SERUM OR PLASMA SPECIMENS



1. Laboratories should conduct initial testing for HIV with an FDA-approved antigen/antibody combination immunoassay* that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen to test for established HIV-1or HIV-2 infection and for acute HIV-1 infection. No further testing is required for specimens that are nonreactive/negative on the initial immunoassay.
2. Specimens with a reactive/positive antigen/antibody combination immunoassay result (or repeatedly reactive/positive, if repeat testing is recommended by the manufacturer or required by regulatory authorities) should be tested with an FDA-approved antibody immunoassay that differentiates HIV-1antibodies from HIV-2 antibodies. Reactive/positive results on the initial antigen/antibody combination immunoassay and the HIV-1/HIV-2 antibody differentiation immunoassay should be interpreted as positive for HIV-1antibodies, HIV-2 antibodies, or HIV antibodies, undifferentiated.
3. Specimens that are reactive/positive on the initial antigen/antibody combination immunoassay and nonreactive/negative or indeterminate on the HIV-1/HIV-2 antibody differentiation immunoassay should be tested with an FDA-approved HIV-1 nucleic acid test (NAT).
    - A reactive/positive HIV-1 NAT result and nonreactive/negative HIV-1/HIV-2 antibody differentiation immunoassay result indicates laboratory evidence for acute HIV-1 infection.
    - A reactive/positive HIV-1 NAT result and indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates the presence of HIV-1infection confirmed by HIV-1 NAT.
    - A nonreactive/negative HIV-1 NAT result and nonreactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates a false-positive result on the initial immunoassay.
4. Laboratories should use this same testing algorithm, beginning with an antigen/antibody combination immunoassay, with serum or plasma specimens submitted for testing after a reactive (preliminary positive) result from any rapid HIV test.

** Exception: As of April 2014, data are insufficient to recommend use of the FDA-approved single-use rapid HIV 1/HIV-2 antigen/antibody combination immunoassay as the initial assay in the algorithm.*

QUICK REFERENCE GUIDE

Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations

Reporting results from the HIV diagnostic testing algorithm to persons ordering HIV tests and public health authorities.

Test Performed	Test Results	Final interpretation for provider report	Test results to be reported to public health authorities
1.HIV-1/2 Ag/Ab combination immunoassay	1. Nonreactive	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection. If acute HIV infection is suspected, consider testing for HIV-1 RNA.	Reporting this test result is not required at this time.
1.HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 reactive and HIV-2 nonreactive	Positive for HIV-1 antibodies. Laboratory evidence consistent with established HIV-1 infection is present.	Report test results 1 and 2.*
1.HIV-1/2 Ag/Ab combination immunoassay 2.HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 nonreactive and HIV-2 reactive	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present.	Report test results 1 and 2.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive or indeterminate 3. RNA not detected	HIV antibodies were not confirmed and HIV-1 RNA was not detected. No laboratory evidence of HIV-1 infection. Follow-up testing for HIV-2 should be performed if clinically indicated.	Reporting this test result is not required.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive 3. RNA detected	Positive for HIV-1. Laboratory evidence consistent with acute HIV-1 infection is present.	Report test results 1, 2 and 3.*
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Indeterminate 3. RNA detected	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection confirmed by HIV-1 RNA.	Report test results 1, 2 and 3.*
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 and HIV-2 reactive	Postive for HIV antibodies. Laboratory evidence of HIV infection is present. HIV antibodies could not be differentiated as HIV-1 or HIV-2. Additional testing for HIV-1 RNA or HIV-2 RNA should be performed if clinically indicated.	Report test results 1 and 2.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. Nonreactive or indeterminate	HIV-1 antibodies were not confirmed and HIV-1 RNA testing was not performed. Testing of this specimen is incomplete. Follow-up testing for HIV antibodies and HIV-1 RNA is recommended as soon as possible.	Report test results 1 and 2.

Abbreviations: Ag/Ab, antigen/antibody; RNA, ribonucleic acid.

Adapted from Interim Guidelines for Laboratories on the Use of a New Diagnostic Testing Algorithm for Human Immunodeficiency Virus (HIV) Infection. New York State Department of Health (http://www.health.ny.gov/diseases/aids/providers/regulations/testing/docs/guidelines_diagnostic_testing.pdf).

* When HIV infection is confirmed, provider should order a CD4, Viral Load and Genotype before initiating treatment.

BILLING

Prevention services are billable. According to the United States Preventive Task Force (USPTF):

HIV TESTING IS:

- A preventative service
- A provision of the Affordable Care Act (Section 2713)
- Covered without patient cost-sharing, in most circumstances

DIAGNOSIS CODES (QUICK REFERENCE)

ICD-10 Code	Description	Use For
Z11.4	Encounter for screening for human immunodeficiency virus (HIV)	HIV screening
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	HIV, STI screening
Z20.6	Contact with and (suspected) exposure to human immunodieficiency virus (HIV)	HIV screening
Z51.81	Encounter for therapeutic drug level monitoring	PrEP monitoring
Z72.51	High risk heterosexual behavior	HIV, STI screening
Z72.52	High risk heterosexual behavior	HIV, STI screening
Z72.52	High risk bisexual behavior	HIV, STI screening

RESOURCES

CDC's Guide to Integrating Routine Screening into Your Practice: https://www.cdc.gov/stophivtogether/library/topics/testing/brochures/cdc-lsht-testing-brochure-integrating-routine-screening-provider.pdf

NASTAD's Billing Code Guide for HIV Prevention: https://nastad.org/resources/billing-coding-guide-hiv-prevention







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