ROUTINE OPT-OUT HIV TESTING:

Practical steps to implement a routine opt-out HIV testing program in primary care settings

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Expanding Routine Opt-Out HIV Testing

- **New HIV Diagnoses**

  Approximately 1,000 people are diagnosed with HIV in the City of Los Angeles each year

- **HIV+ Unaware**

  An estimated 3,800 people are living with HIV in the City of Los Angeles but unaware of their status (12.8% of PLWH)

- **Priority Groups**

  Black and Latino men aged 20-29 years are acquiring HIV at a disproportionately high rate

- **Testing Costs**

  Rapid HIV tests and 4th generation HIV tests are reimbursed by insurance and Medicaid

Over the past decade, the City of Los Angeles AIDS Coordinator's Office (ACO) has championed efforts to encourage hospitals and federally qualified health centers (FQHC) to expand HIV testing so that more Angelinos are aware of their status.[1] The ACO views expanded HIV testing as one of the most effective tools available to curb the proliferation of HIV. Even though routine HIV tests, including rapid tests, have been a billable/reimbursable expense since January 1, 2008, few health providers offer HIV tests as a routine part of a patient visit. Instead, most hospitals and clinics operate from a risk-based approach to HIV testing, where they test based on assessed risk.

The consequence is that people who may have acquired HIV but are unaware, lose the benefit of early detection and treatment, and are more likely to experience worse health outcomes from untreated, and later stage diagnosed HIV.

This report is intended to act as a blueprint for FQHC interested in implementing HIV testing as a routine part of a patient encounter (i.e., routine opt-out HIV testing). The report provides information about the policies, processes, and procedures used to implement and maintain a sustainable routine opt-out HIV testing program.

[1] This includes supplementing costs associated with routine opt-out HIV testing programs at local clinics, holding community forums to educate health providers on the public health benefit of routine HIV testing, and funding research into the barriers and drivers faced by local health providers in implementing routine HIV tests.

Policies

The first step to implement a routine HIV testing program is to develop a testing policy specific to the health setting. This includes deciding how and under what circumstances HIV tests are offered. For instance, the Centers for Disease Control and Prevention (CDC) recommends providing HIV tests to patients aged 15-65 years a test at least once in their life, and more often if patients present indicators for increased testing frequency. Indicators include having multiple sexual partners in the past month, intravenous drugs, being a sexually active gay or bisexual man, and women who have sex with bisexual men.[2]

To introduce and maintain a successful routine HIV testing policy requires support from the top down. This means, a medical director or another executive must embrace the value of routine testing, communicate that vision to all staff – clinicians, medical assistants, receptionists – and reinforce that vision on a regular basis. To do this, executives may educate staff on the fact that routine testing is the nationally recognized standard of care, not specialty care. A medical director echoed this point stating, "*it should be considered the basic standard of care;*" and, "*if you're working for a clinic and [an HIV test] is not being offered, that's really an educational problem.*"

Processes and Procedures

The second component of a sustainable routine HIV testing program is a well-defined set of processes and procedures. This includes clearly delineating the role and responsibility of each member of the organization as it relates to the HIV test (1) introduction, (2) administration, (3) results disclosure, and (4) linkage and treatment to HIV care, when needed. A soft introduction to HIV testing can be done with pamphlets in the waiting are. This should be followed by a personal introduction by a medical staff member who presents the test as something standard, as opposed to a specialty test. This introduction is often made by a medical assistant, and delivered like this, **"as part of our routine panel of tests today, we are also going to provide you an HIV test."** This is a neutral introduction of the test that informs patients of the intent to screen for HIV, to which a patient can opt-out, but rarely will, since its directed by the medical team.

Test administration can be accomplished by a rapid test or conventional test, depending on the space and patient workflow of the health setting. Negative test results are often disclosed in a manner consistent with other blood tests. When there is a preliminary positive result, a clinician informs the patient that more testing is needed; and, generally, performs a Western blot test to confirm the preliminary test. If the positive result is confirmed, results are often disclosed with a care team that includes a senior clinician or the patient's primary care provider, and counselor all there to discuss the next steps for medical treatment and emotional support needs. When the health care setting does not have the capacity to provide HIV treatment, a counselor from a facility that provides HIV treatment can be present to facilitate a seamless transition from one health care provider to the other.[3]

[2] http://www.cdc.gov/hiv/testing/clinical/

[3] In these situations, the patient must first give their primary care provider permission to allow the counselor from the other health care setting to be present.

Billing and Reimbursement

Table 1 lists Current Procedural Terminology (CPT®) to bill for HIV test related procedures.[4]

Table 1. Test Product		
Code	**Rapid test modifier**	**Description**
86689		Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	92	Antibody; HIV-1
86702	92	Antibody; HIV-2
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		Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method HIV-1

Test Administration	
Code	**Description**
36415	Collection of venous blood by venipuncture

Office Service	
Code	**Description**
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	HIV counseling for patients with positive test results; office or other outpatient visit for the evaluation and management of an established patient

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 formed of his/her HIV **negative** test results	V65.44	HIV counseling
Returning patient formed of his/her HIV **positive** test results AND patient is **asymptomatic**	V08	Asymptomatic HIV infection status
Returning patient formed 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

[4] https://www.cdph.ca.gov/programs/aids/Documents/GLines-CodingHIVTest.pdf CADepartment of Public Health.

Conclusion

Federally Qualified Health Centers are in a unique position to accomplish three things by implementing route opt-out HIV tests: (1) contribute to the City of Los Angeles strategy to prevent HIV/AIDS, (2) offer patients aged 15-65 years the standard of health care recommended by the Centers for Disease Control and Prevention, and (3) potentially identify persons living with HIV who unaware of their status. All health providers have the ability to conduct HIV tests. Education and training to help health providers build the cultural competency of their staff to screen for, and disclose results of, HIV tests, is available.

One FQHC medical director stated that the success of their routine HIV testing program is supported by a rigorous training curriculum that educates staff on elements of *"how to greet a patient, how to speak to patients, follow screening protocols, and how to conduct the test, and exit a patient."* FQHC that are ready to provide routine opt-out HIV testing for their patients can receive training support,[5] tests are reimbursable, and there are local HIV providers who are ready, willing, and able to provide HIV medical care if linkage to more specialized treatment is needed.[6]

[5] The Pacific AIDS Education & Training Center (PAETC) can arrange training on HIV testing procedures locally for interested health providers PAETC can be contacted at (310) 794-8276. Their website is http://paetc.org/contact-us/ucla-aetc/.

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