

**Virginia Department of Health, Division of HIV, STD, and Pharmacy Services -
Health Care Services**

POLICY ON DIAGNOSIS DOCUMENTATION

BACKGROUND:

All Title II services need to be provided in a manner consistent with established clinical standards. Verification of HIV diagnosis is no exception. An HIV antibody test (also sometimes referred to as an HIV serology) is the clinical standard for diagnosing HIV infection.

Cases of fictitious HIV disease both due to fabrication and error have been reported in the literature, sometimes resulting in years of needless treatment and potential harm to the client. Ensuring accurate diagnosis through obtaining documentation of HIV antibody test results is a prudent step in preventing these occurrences.

POLICY:

- Clients receiving medical services will have proof of HIV diagnosis on their medical record. An FDA approved HIV antibody test that includes a confirmatory test by Western Blot (or other CDC established method such as Immunofluorescent Assay (IFA)) constitutes acceptable proof.
- Diagnosis may be made on the basis of a viral detection method in the following specific clinical circumstances:
 - Client is <18 months of age,
 - Client has an indeterminate confirmatory test,
 - Client has agammaglobulinemia,
 - Client has clinical signs of acute retroviral syndrome or advanced HIV disease and a nonreactive HIV antibody test, and/or
 - Client is suspected of having HIV-1 type N or O strain or HIV-2 infection and a nonreactive HIV antibody test.

Results of the viral detection test and clinical documentation of related findings (previous HIV antibody test result, age, risk, timing and/or geographic source of exposure, signs and symptoms, and/or other pertinent medical history specific to the client's indication for diagnosis by a viral detection method) constitute acceptable proof of diagnosis in these circumstances. Repeated HIV antibody testing should be performed in accordance with established CDC recommendations and documented on the chart.

For clients who are not receiving medical services, a written statement signed and dated by a licensed prescriber (MD, DO, PA, or NP) or other professional staff person affiliated with the HIV primary care site (such as an RN, social worker, or case manager) is adequate proof of diagnosis.

Policy Implementation Date: May 12, 2004

Revision Implementation Date: April 21, 2005

DOCUMENTATION:

- Clients receiving medical services shall have a copy of their test result and supporting documentation as indicated above, on their medical charts.
- Providers of non-medical services shall have written verification of the client's HIV status in the client record. This may include a copy of their test result and supporting documentation as indicated above, **OR** a written statement on their record as proof of their HIV diagnosis signed and dated by a licensed prescriber (MD, DO, PA, or NP) or other professional staff person affiliated with the HIV primary care site (such as an RN, social worker, or case manager).

REGIONAL POLICIES:

- Regional policies must be in compliance with state policy

GUIDANCE:

- Clients requesting or receiving primary medical care services who have no documentation of their HIV antibody test results or who were tested anonymously should have their HIV antibody test repeated with their initial or next scheduled blood work.

All clients entering services after the implementation date of this policy should have documentation of diagnosis on their records. This should be obtained at their first visit or for medical services, testing should be repeated, if needed, as above.

The peer review teams will begin using documentation of diagnosis as a standard during the September 2004 to January 2005 review cycle. For clients entering medical services after the implementation date of this policy, lack of documentation of diagnosis will be cited as a deficiency. For clients who entered medical services prior to the implementation of this policy, lack of documentation of diagnosis will be cited as a weakness with a recommendation to obtain an HIV antibody test at the next regularly scheduled blood draw. For all future review cycles, lack of documentation of diagnosis will be cited as a deficiency.

REFERENCES:

Bartlett, J.G., Cheever, L.W., Johnson, M.P., Paauw, D.S. (2004). A Guide to Primary Care of People With HIV/AIDS. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. p.17.

Bartlett, J.G., Gallant, J.E. (2003). Medical Management of HIV Infection. Johns Hopkins University, Division of Infectious Diseases and AIDS Service, 6-11.

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Cohen, D.E., Walker, B.D. (2001). "Human Immunodeficiency Virus Pathogenesis and Prospects for Immune Control in Patients with Established Infection." Clinical Infectious Diseases, 32, 4-16.

Gallant, J.E. (2002). "The HIV-Positive Patient: The Initial Encounter." [Available online: http://www.medscape.com/viewprogram/660_pnt].