

HIV/AIDS MEASURES GROUP OVERVIEW

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR MEASURES GROUPS: REGISTRY ONLY

2011 PHYSICIAN QUALITY REPORTING MEASURES IN HIV/AIDS MEASURES GROUP:

- #159. HIV/AIDS: CD4+ Cell Count or CD4+ Percentage
- #160. HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- #161. HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy
- #162. HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy
- #205. HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea
- #206. HIV/AIDS: Screening for High Risk Sexual Behaviors
- #207. HIV/AIDS: Screening for Injection Drug Use
- #208. HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis

INSTRUCTIONS FOR REPORTING: (These instructions apply to registry reporting. Do not report this measures group via claims.)

- It is not necessary to submit the measures group-specific intent G-code for registry-based submissions. However, the measures group-specific intent G-code has been created for registry only measures groups for use by registries that utilize claims data.

G8491: I intend to report the HIV/AIDS Measures Group

- Select patient sample method:
30 Patient Sample Method: 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
OR
80% Patient Sample Method: All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2011 **OR** July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory.
- Patient sample criteria for the HIV/AIDS Measures Group are patients aged 13 years and older with a specific diagnosis of HIV/AIDS accompanied by a specific patient encounter:

One of the following diagnosis codes indicating HIV/AIDS: 042, 079.53, V08

Accompanied by

One of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

- Report a numerator option on **all** measures within the HIV/AIDS Measures Group for each patient within the eligible professional's patient sample.
- Instructions for qualifying numerator option reporting for each of the measures within the HIV/AIDS Measures Group are displayed on the next several pages. The following composite G-code has been created for registry only measures groups for use by registries that utilize claims data. This composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group, if all quality actions for the patient have been

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performed for all the measures within the group. However, it is not necessary to submit the following composite G-code for registry-based submissions.

Composite G code G8500: All quality actions for the applicable measures in the HIV/AIDS Measures Group have been performed for this patient

- To report satisfactorily for the HIV/AIDS Measures Group it requires **all** measures for each patient within the eligible professional's patient sample to be reported a minimum of once during the reporting period. Measure #159 will be reported once during the reporting period for measures group purposes.
- When using the 30 Patient Sample Method, report all measures for the 30 unique Medicare Part B FFS patients seen. When using the 80% Patient Sample Method, report all measures on at least 80% of the patient sample for the eligible professional for the 12-month or 6-month reporting period.

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.

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□ Measure #159: HIV/AIDS: CD4+ Cell Count or CD4+ Percentage

DESCRIPTION:

Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months

NUMERATOR:

Patients with CD4+ cell count or CD4+ cell percentage performed at least once every 6 months

NUMERATOR NOTE: Report this measure once during the reporting period for measures group purposes

Numerator Options:

CD4+ cell count or CD4+ cell percentage documented as performed (3500F)

OR

CD4+ cell count or percentage not documented as performed, reason not specified (3500F with 8P)

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□ Measure #160: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis

DESCRIPTION:

Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count <200 cells/mm³ who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count

NUMERATOR:

Patients who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count

Definition:

Prescribed – May include prescription given to the patient for PCP prophylaxis therapy at one or more visits in the 12-month period OR patient already taking PCP prophylaxis therapy as documented in current medication list.

Numerator Options:

Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (4280F)

AND

CD4+ cell count <200 cells/mm³ (3494F)

OR

Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count or percentage for medical reason (4280F *with* 1P)

(i.e., patient's CD4+ cell count above threshold within 3 months after CD4+ cell count below threshold, indicating that the patient's CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)

AND

CD4+ cell count <200 cells/mm³ (3494F)

OR

CD4+ cell count 200 – 499 cells/mm³ (3495F)

OR

CD4+ cell count ≥500 cells/mm³ (3496F)

OR

CD4+ cell count not performed, reason not specified (3494F *with* 8P)

OR

PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count, reason not specified (4280F *with* 8P)

AND

CD4+ cell count <200 cells/mm³ (3494F)

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□ Measure #161: HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy

DESCRIPTION:

Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm³ or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; who were prescribed potent antiretroviral therapy

NUMERATOR:

Patients who were prescribed potent antiretroviral therapy

Numerator Instructions: Nadir (lowest ever) CD4+ cell count may be the present count

Definitions:

Potent Antiretroviral Therapy – Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials. For potent antiretroviral therapy recommendations, refer to current DHHS guidelines available for download at the following address as of 11/3/08 - <http://www.aids.gov>.

AIDS-defining Condition – Conditions included in the 1993 AIDS surveillance case definition:

- Candidiasis of bronchi, trachea, or lungs;
- Candidiasis, esophageal;
- Cervical cancer, invasive;
- Coccidioidomycosis, disseminated or extrapulmonary;
- Cryptococcosis, extrapulmonary;
- Cryptosporidiosis, chronic intestinal (greater than 1 month's duration);
- Cytomegalovirus disease (other than liver, spleen, or nodes);
- Cytomegalovirus retinitis (with loss of vision);
- Encephalopathy, HIV-related;
- Herpes simplex: chronic ulcer(s) (greater than 1 month's duration);
- Bronchitis, pneumonitis, or esophagitis;
- Histoplasmosis, disseminated or extrapulmonary;
- Isosporiasis, chronic intestinal (greater than 1 month's duration);
- Kaposi's sarcoma;
- Lymphoma, Burkitt's (or equivalent term);
- Lymphoma, immunoblastic (or equivalent term);
- Lymphoma, primary, of brain;
- Mycobacterium avium complex or *M. kansasii*, disseminated or extrapulmonary;
- Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary);
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary;
- Pneumocystis carinii pneumonia;
- Pneumonia, recurrent;
- Progressive multifocal leukoencephalopathy;
- Salmonella septicemia, recurrent;

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- Toxoplasmosis of brain;
- Wasting syndrome due to HIV. (NYSDOH, 2007)

Prescribed – May include prescription given to the patient for potent antiretroviral therapy at one or more visits in the 12-month period OR patient already taking potent antiretroviral therapy as documented in current medication list.

Numerator Options:

Potent antiretroviral therapy prescribed (4276F)

AND

History of nadir CD4+ cell count <350 cells/mm³ (3492F)

OR

History of AIDS-defining condition (3490F)

OR

No history of nadir CD4+ cell count <350 cells/mm³ AND no history of AIDS-defining condition (3493F)

OR

Potent antiretroviral therapy not prescribed, reason not specified (4276F *with* 8P)

AND

History of nadir CD4+ cell count < 350 cells/mm³ (3492F)

OR

History of AIDS-defining condition (3490F)

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□ Measure #162: HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy

DESCRIPTION:

Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care

NUMERATOR:

Patients with viral load below limits of quantification or patients with viral load not below limits of quantification who have a documented plan of care

Numerator Instructions: Viral load below limits of quantification is determined using laboratory cutoff levels for reference laboratory used by clinic or provider

Definitions:

Potent Antiretroviral Therapy – Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials. For potent antiretroviral therapy recommendations, refer to current DHHS guidelines available for download at the following address as of 11/3/08 - <http://www.aids.gov>.

Plan of Care – May include altering the therapy regimen, reaffirming to the patient the importance of high adherence to the regimen, or reassessment of viral load at a specified future date

Numerator Options:

HIV RNA viral load below limits of quantification (3502F)

AND

Patient receiving potent antiretroviral therapy for 6 months or longer (4270F)

OR

HIV RNA viral load not below limits of quantification (3503F)

AND

HIV RNA control plan of care, documented (0575F)

AND

Patient receiving potent antiretroviral therapy for 6 months or longer (4270F)

OR

Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (4271F)

OR

Viral load not performed or documented, reason not specified (3502F *with* 8P)

AND

Patient receiving potent antiretroviral therapy for 6 months or longer (4270F)

OR

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Plan of care for viral load not below limits of quantification was not documented, reason not specified (0575F *with* 8P)

AND

HIV RNA viral load not below limits of quantification (3503F)

AND

Patient receiving potent antiretroviral therapy for 6 months or longer (4270F)

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□ Measure #205: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea

DESCRIPTION:

Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection

NUMERATOR:

Patients with chlamydia and gonorrhea screenings performed at least once since the diagnosis of HIV infection

Numerator Options:

Chlamydia and gonorrhea screenings documented as performed (3511F)

OR

Chlamydia and gonorrhea screenings not documented as performed, due to patient reason (3511F *with* 2P)

OR

Chlamydia and gonorrhea screenings not documented as performed, reason not specified (3511F *with* 8P)

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□ Measure #206: HIV/AIDS: Screening for High Risk Sexual Behaviors

DESCRIPTION:

Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for high risk sexual behaviors at least once within 12 months

NUMERATOR:

Patients who were screened for high risk sexual behaviors at least once within 12 months

Numerator Options:

Patient screened for high risk sexual behavior (4293F)

OR

Patient not screened for high risk sexual behaviors, reason not specified (4293F *with* 8P)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.

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□ Measure #207: HIV/AIDS: Screening for Injection Drug Use

DESCRIPTION:

Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months

NUMERATOR:

Patients who were screened for injection drug use at least once within 12 months

Numerator Options:

Patient screened for injection drug use (4290F)

OR

Patient not screened for injection drug use, reason not specified (4290F *with* 8P)

NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2011 Physician Quality Reporting Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS Physician Quality Reporting website.

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□ Measure #208: HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis

DESCRIPTION:

Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months

NUMERATOR:

Patients who were screened for syphilis at least once within 12 months

Numerator Options:

Syphilis screening documented as performed (3512F)

OR

Syphilis screening not documented as performed, due to patient reason (3512F *with* 2P)

OR

Syphilis screening not documented as performed, reason not specified (3512F *with* 8P)

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