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

2012 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

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; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients with HIV/AIDS seen during the reporting period. Only patients who had at least two visits during the reporting period, with at least 60 days between each visit will be counted in the denominator for this measure. This measure is intended to reflect the quality of services provided for the primary management of patients with HIV/AIDS.

Measure Reporting via Registry:
ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. Do not report this measure via claims.

There are two reporting criteria for this measure:
(1) Patients who are aged 13 years and older with a diagnosis of HIV/AIDS 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.

OR

(2) Patients with a diagnosis of HIV/AIDS and who are pregnant, regardless of CD4+ cell count or age

Eligible professionals should submit data on one set of reporting criteria, depending on the clinical findings. If patient has HIV/AIDS (without a diagnosis of pregnancy) and a history of a nadir CD4+ cell count below 350/mm³ or a history of AIDS-defining condition, use Denominator Reporting Criteria 1. If the patient has HIV/AIDS and pregnant, use Denominator Reporting Criteria 2. If the patient can be included in both criteria, the eligible professional may report quality data for either reporting criteria and this will count as appropriate reporting for this patient.
REPORTING CRITERIA 1: For all patients with HIV/AIDS (without a diagnosis of pregnancy)

DENOMINATOR (REPORTING CRITERIA 1):
Patients aged 13 years or older with a diagnosis of HIV/AIDS who have a history of nadir CD4+ cell count below 350/mm³ or who have a history of an AIDS-defining condition, regardless of CD4+ cell count who had at least two medical visits during the measurement year, with at least 60 days between each visit

**Denominator Criteria (Eligible Cases):**
- Patients aged ≥ 13 years on date of encounter
- Diagnosis for HIV/AIDS (ICD-9-CM): 042, 079.53, V08
- Patient encounters during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

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 on Aids.gov.
- **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.
- **AIDS-defining Condition** – Conditions included in the 1993 AIDS surveillance case definition:
  - Candidiasis of bronchi, trachea, or lungs;
  - Candidiasis, esophageal;
  - Cervical cancer, invasive;
  - Coccidiodomycosis, 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;
• Toxoplasmosis of brain;
• Wasting syndrome due to HIV. (NYSDOH, 2007)

**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)  
**OR**

**REPORTING CRITERIA 2: For patients with HIV/AIDS who are pregnant**

**DENOMINATOR (REPORTING CRITERIA 2):**
Patients with a diagnosis of HIV/AIDS who are pregnant, regardless of CD4+ cell count or age who had at least two medical visits during the measurement year, with at least 60 days between each visit

**Denominator Criteria (Eligible Cases):**
Diagnosis for HIV/AIDS (ICD-9-CM): 042, V08, 079.53  
**AND**

**AND**

**Patient encounter during the reporting period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**NUMERATOR:**
Patients who were prescribed potent antiretroviral therapy

**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 Aids.gov.

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

**RATIONALE:**
Potent antiretroviral therapy slows disease progression, extends survival, and results in maintained quality of life by suppressing HIV RNA viral load.

**CLINICAL RECOMMENDATION STATEMENTS:**
Antiretroviral therapy should be initiated in patients with a history of an AIDS-defining illness (AI) or with a CD4 T-cell count < 350 cells/mm³. The data supporting this recommendation are stronger for those with a CD4 T-cell count < 200 cells/mm³ and with a history of AIDS (AI) than for those with CD4 T-cell counts between 200 and 350 cells/mm³ (AII). Antiretroviral therapy should also be initiated in the following groups of patients regardless of CD4 T-cell count: a) pregnant women (AI); b) patients with HIV-associated nephropathy (AI); and c) patients coinfected with HBV when treatment for HBV infection is indicated (BIII). (DHHS)

Clinicians should prescribe a HAART regimen that is best able to delay disease progression, prolong survival, and maintain quality of life through maximal viral suppression. (NYSDOH)

Initiation of HAART is recommended for patients who:
- are symptomatic* from HIV, OR
- have an AIDS-defining condition,** including those with CD4 counts < 200 cells/mm³, or
- are asymptomatic with two successive measurements of CD4 counts < 350 cells/mm³ and patient-related barriers to adherence are minimized.
*Signs and symptoms include but are not limited to oropharyngeal candidiasis (thrush); vulvovaginal candidiasis that is frequent or responds poorly to therapy; cervical dysplasia

****Including those with CD4 counts < 200 cells/mm³, or

**CD4 counts < 350 cells/mm³** and patient-related barriers to adherence are minimized.
(moderate or severe)/cervical carcinoma in situ; HIV nephropathy in the setting of worsening serum creatinine; severe seborrheic dermatitis, constitutional symptoms, such as fever or diarrhea lasting > 1 months; oral hairy leukoplakia; herpes zoster (shingles) involving at least two distinct episodes or more than one dermatome; thrombocytopenia; listeriosis; pelvic inflammatory disease, particularly if complicated by tubo-ovarian abscess; peripheral neuropathy; bacillary angiomatosis; or any conditions included in the CDC-defined AIDS definition.

**All HIV-infected persons with CD4+ T-lymphocyte counts of less than 200 cells/µL or a CD4+ percentage of less than 14. Conditions included in the 1993 AIDS surveillance case definition: Candidiasis of bronchi, trachea, or lungs; candidiasis, esophageal; cervical cancer, invasive; coccidiomycosis, 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); or 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; toxoplasmosis of brain; wasting syndrome due to HIV. (NYSDOH).