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

2012 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY

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.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients with HIV/AIDS who are receiving potent antiretroviral therapy 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.

DENOMINATOR:
All patients aged 13 years and older with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days between each visit, who have received potent antiretroviral therapy for at least 6 months.

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

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 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

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)

RATIONALE:
The goal of potent antiretroviral therapy is to establish HIV RNA viral load below limits of quantification.

CLINICAL RECOMMENDATION STATEMENTS:
The goal of treatment for patients with prior drug exposure and drug resistance is to re-establish maximal virologic suppression, HIV RNA < 50 copies/ml (AI). (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 (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/uL 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; 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); 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)