Quality ID #338: HIV Viral Suppression

2025 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the performance period, with an eligible encounter in the first 240 days of the performance period, whose last HIV viral load test result was less than 200 copies/mL during the performance period.

INSTRUCTIONS:
This measure is to be submitted a minimum of once per performance period for patients with HIV seen during the first 240 days of the performance period. This measure is intended to reflect the quality of services provided for the primary management of patients with HIV. HIV viral load test results may be expressed as log values (log copies/mL). Please convert the log value to copies/mL.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the performance period with at least one eligible encounter in the first 240 days of the performance period

*DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients, regardless of age
AND
Diagnosis of HIV prior to the performance period or during the first 90 days of the performance period (ICD-10-CM): B20, B97.35, Z21
AND
Patient encounter during the first 240 days of the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99429*, G0438, G0439

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NUMERATOR:
Patients with a last HIV viral load test result of less than 200 copies/mL during the performance period

Numerator Options:

Performance Met:	Documentation of viral load less than 200 copies/mL (G9243)
OR	
Performance Not Met:	Documentation of viral load equal to or greater than 200 copies/mL or viral load not performed (G9242)

RATIONALE:
HIV is a communicable infection that leads to a progressive disease with a long asymptomatic period. Approximately 40,000 persons in the United States are newly infected with HIV each year (Centers for Disease Control and Prevention, 2021, p. 51). Without treatment, most persons develop acquired immunodeficiency syndrome (AIDS) within 10 years of HIV infection.

HIV viral suppression is a long-standing priority outcome among the HIV community in the United States and around the world. The National HIV/AIDS Strategy for the United States from 2022-2025, developed by the White House Office of National AIDS Policy with input from the HIV community across the United States, prioritizes increasing HIV viral suppression rates to 95% (The White House, 2020). The DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents defines viral suppression as a viral load below the lower limits of detection in its guidelines on virologic failure, and it defines viral suppression as a viral load of less than 200 copies/mL as part of its guidelines for the use of antiretroviral therapy to prevent HIV transmission (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022).

Antiretroviral therapy (ART) delays the progression to AIDS and increases the length of survival. ART reduces HIV-associated morbidity and mortality by maximally inhibiting HIV replication to achieve viral suppression (Hogg et al., 2001; Lundgern et al., 2015). ART has also been shown to reduce transmission of HIV (Rodger et al., 2019). Studies show disparities in rates of viral suppression by race and ethnicity among MSM and among women, with Black and Hispanic or Latino/a study participants having lower rates of viral suppression than White participants (Buchacz et al., 2020; Buchacz et al., 2018; Geter et al., 2018). This measure will help providers direct their attention and quality improvement efforts towards improving HIV viral suppression rates.

CLINICAL RECOMMENDATION STATEMENTS:
Adult guidelines:
"The primary goal of antiretroviral therapy (ART) is to prevent HIV-associated morbidity and mortality. This goal is accomplished by using effective ART to achieve and maintain a plasma HIV-1 RNA (viral load) below the quantification limits of commercially available assays. Durable viral suppression improves immune function and overall quality of life, lowers the risk of both AIDS-defining and non-AIDS–defining complications, and allows persons with HIV to live a lifespan approaching that of persons without HIV." (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. E-1).

"ART is recommended for all individuals with HIV to reduce the morbidity and mortality associated with HIV infection and to prevent HIV transmission to sexual partners and infants (AI). ART should be initiated as soon as possible after HIV diagnosis (AI)." (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. E-2).

"The guidelines and the AIDS Clinical Trials Group (ACTG) now define virologic failure as a confirmed viral load >200 copies/mL- a threshold that eliminates most cases of apparent viremia caused by viral load blips or assay variability" (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. C-6).

"Individuals who are adherent to their ARV regimen and do not harbor resistance mutations to the component drugs can generally achieve suppression 8 to 24 weeks after ART initiation; rarely, in some patients it may take longer" (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2022, p. C-6).

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Pediatric guidelines:
"Based on accumulated experience with currently available assays, the current definition of virologic suppression is a plasma viral load below the detection limit of the assay used (generally <20 to 75 copies/mL)" (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2022, p. D-5).

"Temporary viral load elevations (“blips”) that are between the level of detection and 200 copies/mL to 500 copies/mL are often detected in adults and children who are on ART; these temporary elevations do not represent virologic failure, as long as the values have returned to below the level of detection when testing is repeated" (Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV, 2022, p. D-5).

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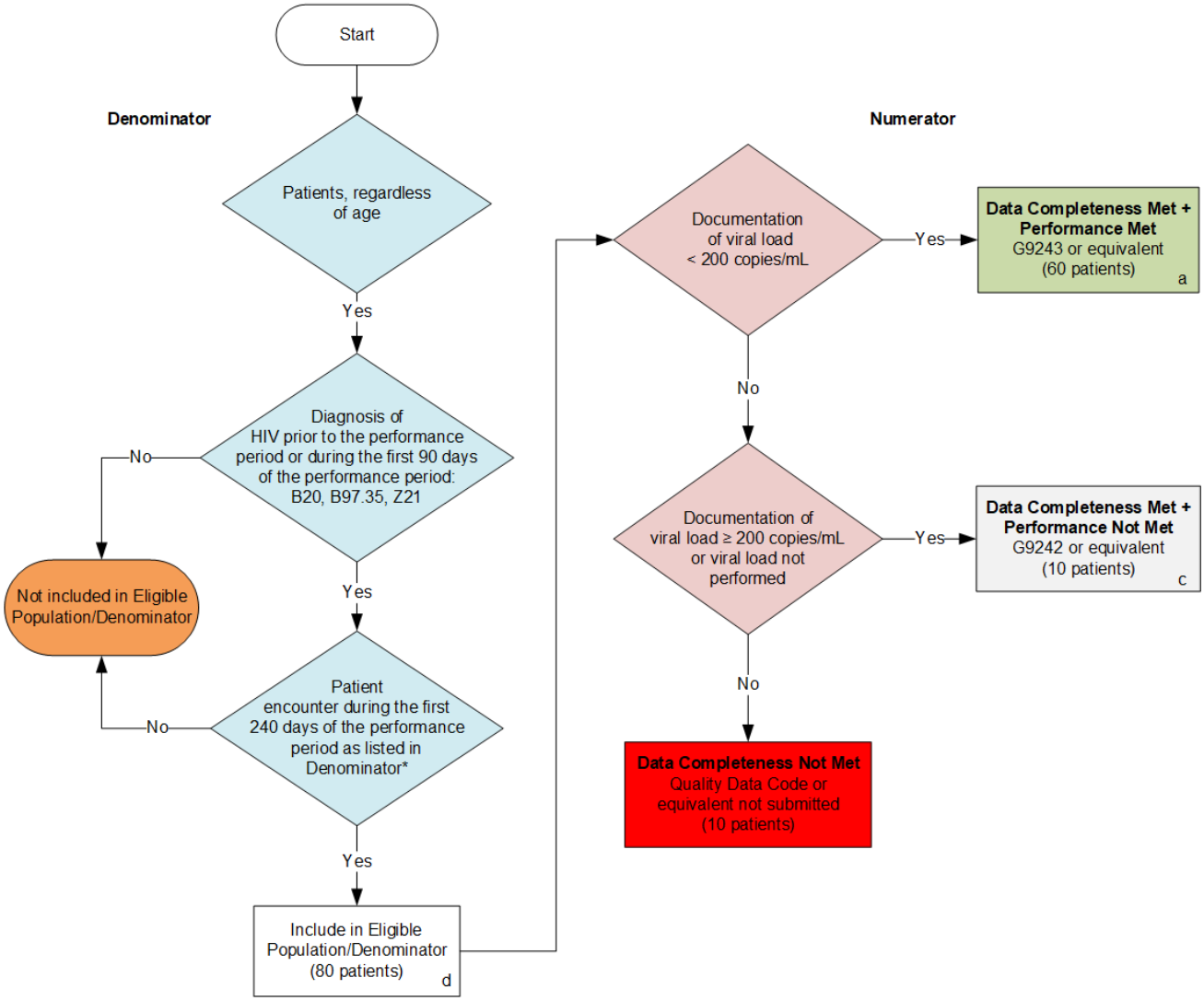
2025 Clinical Quality Measure Flow for Quality ID #338: HIV Viral Suppression

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



SAMPLE CALCULATIONS

Data Completeness=
Performance Met (a=60 patients) + Performance Not Met (c=10 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=60 patients) = 60 patients = **85.71%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

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2025 Clinical Quality Measure Flow Narrative for Quality ID #338: HIV Viral Suppression

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients, regardless of age.*
3. Check *Diagnosis of HIV prior to the performance period or during the first 90 days of the performance period*:
    a. If *Diagnosis of HIV prior to the performance period or during the first 90 days of the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis of HIV prior to the performance period or during the first 90 days of the performance period* equals Yes, proceed to check *Patient encounter during the first 240 days of the performance period as listed in Denominator**.
4. Check *Patient encounter during the first 240 days of the performance period as listed in Denominator**:
    a. If *Patient encounter during the first 240 days of the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the first 240 days of the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator.*
5. Denominator Population:
    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Documentation of viral load less than 200 copies/mL*:
    a. If *Documentation of viral load less than 200 copies/mL* equals Yes, include in *Data Completeness Met and Performance Met*.
        - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 60 patients in the Sample Calculation.
    b. If *Documentation of viral load less than 200 copies/mL* equals No, proceed to check *Documentation of viral load equal to or greater than 200 copies/mL or viral load not performed*.
8. Check *Documentation of viral load equal to or greater than 200 copies/mL or viral load not performed*:
    a. If *Documentation of viral load equal to or greater than 200 copies/mL or viral load not performed* equals Yes, include in *Data Completeness Met and Performance Not Met*.
        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.

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b. If *Documentation of viral load equal to or greater than 200 copies/mL or viral load not performed* equals No, proceed to check *Data Completeness Not Met*.

9. Check *Data Completeness Not Met*:

    - If *Data Completeness Not Met*, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 60 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 60 patients) divided by Data Completeness Numerator (70 patients). All equals 60 patients divided by 70 patients. All equals 85.71 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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