Quality ID #338 (NQF 2082): HIV Viral Load Suppression

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with HIV seen during the performance period. This measure is intended to reflect the quality of services provided for the primary management of patients with HIV.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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:
Patients, regardless of age, with a diagnosis of HIV who had at least one medical visit during the performance period

Denominator Criteria (Eligible Cases):
Patients, regardless of age
AND
Diagnosis of HIV (ICD-10-CM): B20, Z21
AND
Patient encounter during the performance period (CPT or HCPCS): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99424, 99426, G0402

NUMERATOR:
Number of patients with a HIV viral load less than 200 copies/mL at last viral load test

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:

Sustained viral load suppression is directly related to reduction in disease progression and to reduction in potential for transmission of infection. Among persons in care, sustained viral load suppression represents the cumulative effect of prescribed therapy, ongoing monitoring, and patient adherence. The measure will direct providers' attention and quality improvement efforts towards this important outcome.

CLINICAL RECOMMENDATION STATEMENTS:

Plasma HIV RNA (viral load) should be measured in all patients at baseline and on a regular basis thereafter, especially in patients who are on treatment, because viral load is the most important indicator of response to antiretroviral therapy (ART) (Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents PDF Sections E-1 and C-3. Accessed May 18, 2015) (Strength of Evidence = AI, AIII, BIII). Thus, viral load testing serves as a surrogate marker for treatment response and can be useful in predicting clinical progression (Murray, 1999)

Optimal viral suppression is generally defined as a viral load persistently below the level of detection (<20–75 copies/mL, depending on the assay used). In addition, low-level positive viral load results (typically <200 copies/mL) appear to be more common with some viral load assays than others, and there is no definitive evidence that patients with viral loads quantified as <200 copies/mL using these assays are at increased risk for virologic failure. For the purposes of clinical trials the AIDS Clinical Trials Group (ACTG) currently defines virologic failure as a confirmed viral load >200 copies/mL, which eliminates most cases of apparent viremia caused by blips or assay variability. Effective treatment reduces HIV-associated morbidity and mortality and reduces transmission of HIV (Mocoft, 1998; Palella, 1998; Vittinghoff, 1999; ART CC AC, 2008; Moferson, 1999; Wood, 2009; Quinn, 2000; Dieffernbach, 2009; Montaner, 2006; Cohen, 2011). The mechanism for the impact of treatment is viral load suppression.

Multiple studies demonstrate that viral load suppression is associated with slowing disease progression. Analysis of 18 trials that included more than 5,000 participants with viral load monitoring showed a significant association between a decrease in plasma viremia and improved clinical outcome (Murray, 1999). Viral load testing serves as a surrogate marker for treatment response and can be useful in predicting clinical progression (Hughes, 1997; Marschner, 1998; Thiebaut, 2000). As a result, the Department of Health and Human Services (HHS) Guidelines include a recommendation for measuring viral load at baseline and on a regular basis because viral load is the most important predictor of response to therapy (Strength of Evidence = AI, AIII, BIII). This recommendation is graded AI. The review of the evidence focuses on the evidence for the treatment and prevention recommendations.

The U.S. Department of Health and Human Services Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents recommends antiretroviral therapy for all HIV-infected individuals to reduce the risk of disease progression (Strength of Evidence = AI, AII, and BIII) and well as to prevention transmission of HIV (Strength of Evidence = AI and AIII). These guidelines also recommended the frequency at which viral load testing is to be performed (Strength of Evidence = AI, AIII, BIII) (Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents PDF Sections E-1 and C-3. Accessed May 18, 2015).

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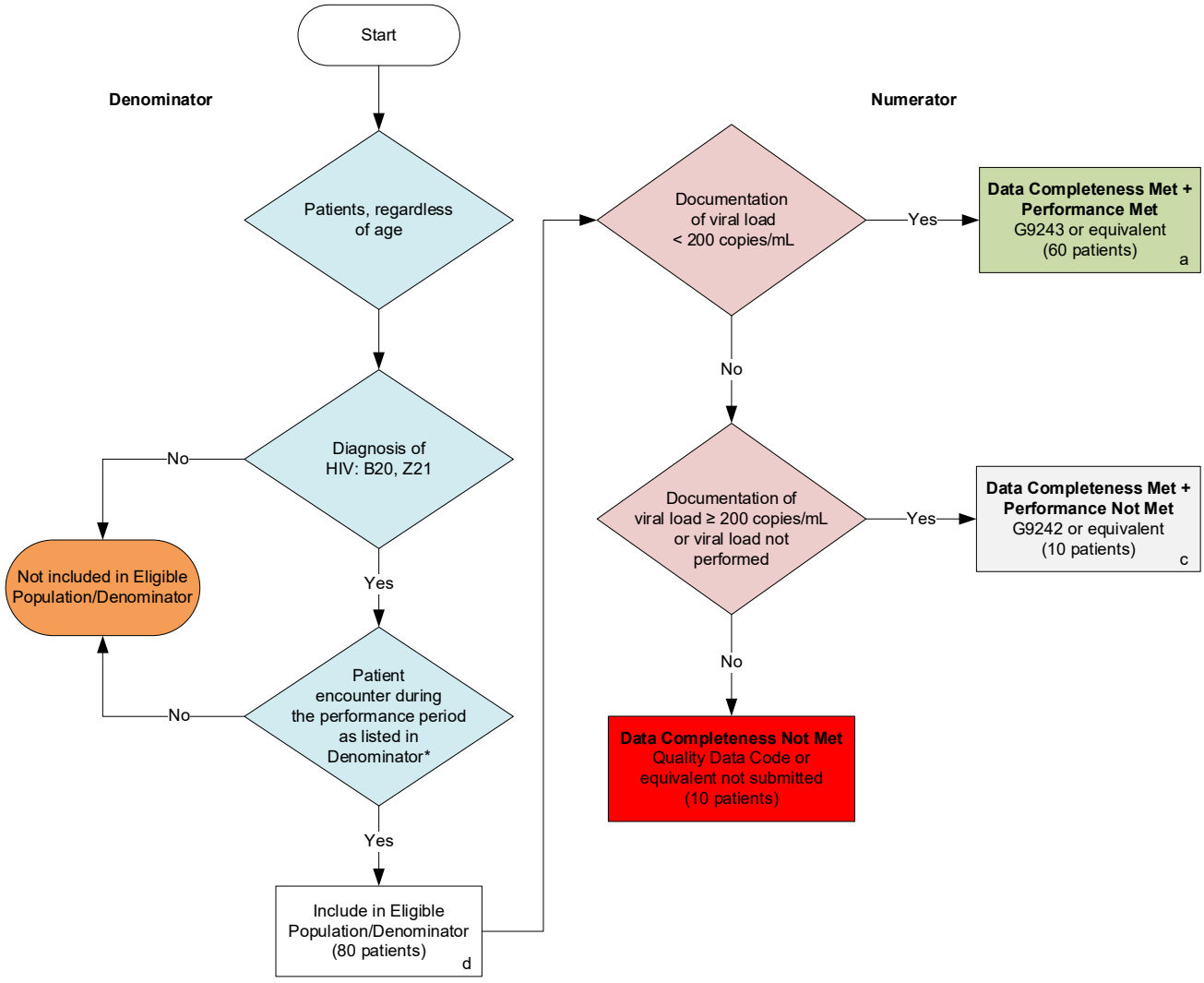
2023 Clinical Quality Measure Flow for Quality ID #338 (NQF 2082): HIV Viral Load Suppression

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

v7

2023 Clinical Quality Measure Flow Narrative for Quality ID #338 (NQF 2082): HIV Viral Load Suppression

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

1. Start with Denominator
2. *Patients, regardless of age.*
3. Check *Diagnosis of HIV*:
    a. If *Diagnosis of HIV* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis of HIV* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during 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.
    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*:

    a. 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

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.