

## Quality ID #205 (CBE 0409): Sexually Transmitted Infection (STI) Testing for People with HIV

### **2024 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

### **MEASURE TYPE:**

Process

### **DESCRIPTION:**

Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the performance period.

### **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. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**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.

### **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 13 years of age and older at the start of the performance period with a diagnosis of HIV before the end of the performance period with an eligible encounter during 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 aged  $\geq 13$  years at the start of the performance period

### **AND**

**Diagnosis for HIV before the end of the performance period (ICD-10-CM):** B20, B97.35, Z21

### **AND**

**Patient encounters during the performance period (CPT or HCPCS):** 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242\*, 99243\*, 99244\*, 99245\*, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, 99429\*, 99441, 99442, 99443, G0438, G0439

### **NUMERATOR:**

Patients who were tested for each of the following at least once during the performance period: syphilis, gonorrhea, and chlamydia

**NUMERATOR NOTE:** Submit **G9228** when results are documented for all of the 3 screenings.

**Numerator Options:**

***Performance Met:***

Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings) (**G9228**)

**OR**

***Performance Not Met:***

Chlamydia, gonorrhea, and syphilis screening results not documented as performed, reason not given (**G9230**)

**RATIONALE:**

The rates of syphilis, gonorrhea, and chlamydia cases per 100,000 in the United States have steadily risen over the last decade and increased 11.2%, 5.9%, and 2.8%, respectively, from 2018 to 2019 (DHHS, 2021). People with HIV are at an increased risk of bacterial sexually transmitted infections (STIs), including chlamydia, gonorrhea, and syphilis (CDC, 2004). However, early detection and treatment of bacterial STIs in people with HIV can lead to a reduction in HIV transmission (CDC, 2004). Despite guidelines for at least annual screening among sexually active persons with HIV, only an estimated 55% received a syphilis test in the past year, 23% received a gonorrhea test in the past year, and 24% received a chlamydia test in the past year based on a nationally-representative survey of adults with HIV receiving medical care in the United States (Flagg et al., 2015). This measure will help providers focus their attention and quality improvement efforts towards testing and treating sexually transmitted infections in patients with HIV, thus reducing the complications to long-term syphilis infection and reducing STI incidence (Patel et al., 2012).

**CLINICAL RECOMMENDATION STATEMENTS:**

"Routine serologic screening for syphilis is recommended at least annually for all persons with HIV infection who are sexually active, with more frequent screening (i.e., every 3-6 months) for those who have multiple or anonymous partners" (Panel on Opportunistic Infections in Adults and Adolescents with HIV, 2022, p. Y-3).

"Patients undergoing screening or treatment for syphilis also should be evaluated for other sexually transmitted diseases such as chlamydia and gonorrhea at anatomic sites of exposure in men and for chlamydia, gonorrhea, and trichomonas in women" (Panel on Opportunistic Infections in Adults and Adolescents with HIV, 2022, p. Y-3).

"The USPSTF recommends screening for syphilis in persons who are at increased risk for infection. When deciding which persons to screen for syphilis, clinicians should consider the prevalence of infection in the communities they serve, as well as other sociodemographic and behavioral factors that may be associated with increased risk of syphilis infection. For example, prevalence of syphilis is higher in men, men who have sex with men, persons with HIV infection, young adults, and persons with a history of incarceration, sex work, or military service.... Optimal screening frequency for persons who are at increased risk for syphilis infection is not well established. Men who have sex with men or persons with HIV infection may benefit from screening at least annually or more frequently (e.g., every 3 to 6 months) if they continue to be at high risk" (USPSTF, 2022, p. 1244-1246).

"At the initial HIV care visit, providers should screen all sexually active persons for syphilis, gonorrhea, and chlamydia, and perform screening for these infections at least annually during the course of HIV care. Specific testing includes syphilis serology and [a nucleic acid amplification test] NAAT for *N. gonorrhoeae* and *C. trachomatis* at the anatomic site of exposure" (Workowski et al., 2021, p. 26).

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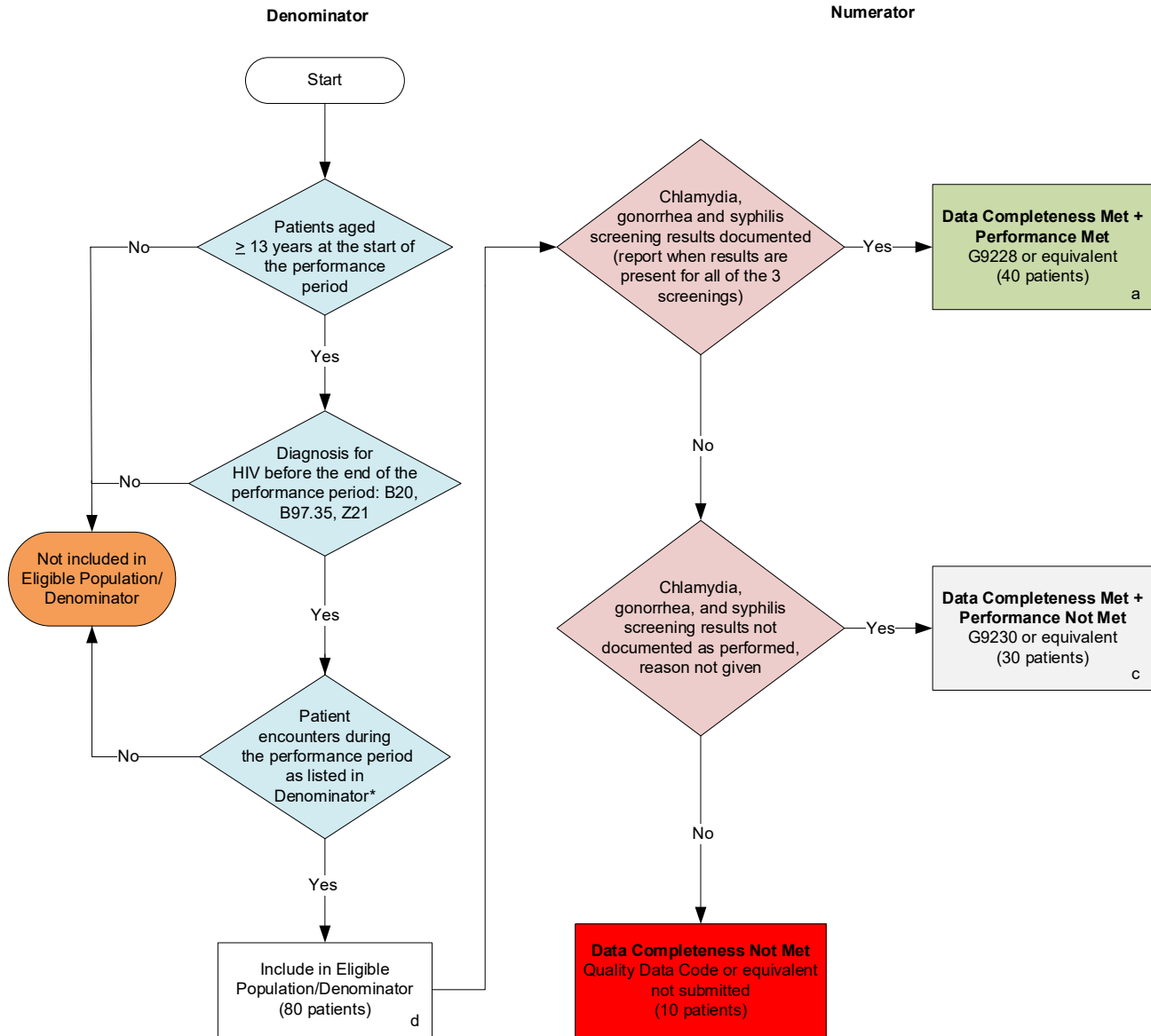
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## 2024 Clinical Quality Measure Flow for Quality ID #205 (CBE 0409): Sexually Transmitted Infection (STI) Testing for People with HIV

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



### SAMPLE CALCULATIONS

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients) + Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

NOTE: Submission Frequency: Patient-Process

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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.

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**2024 Clinical Quality Measure Flow Narrative for Quality ID #205 (CBE 0409):  
Sexually Transmitted Infection (STI) Testing for People with HIV**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 13 years at the start of the performance period*:
  - a. If *Patients aged greater than or equal to 13 years at the start of the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 13 years at the start of the performance period* equals Yes, proceed to *Diagnosis for HIV before the end of the performance period*.
3. Check *Diagnosis for HIV before the end of the performance period*.
  - a. If *Diagnosis for HIV before the end of the performance period as I* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for HIV before the end of the performance period* equals Yes, proceed to *Patient encounters during the performance period as listed in Denominator\**.
4. Check *Patient encounters during the performance period as listed in Denominator\**:
  - a. If *Patient encounters during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounters 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 *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)*:
  - a. If *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in Sample Calculation.
  - b. If *Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)* equals No, proceed to *Chlamydia, gonorrhea and syphilis screening results not documented as performed, reason not given*.
8. Check *Chlamydia, gonorrhea, and syphilis screening results not documented as performed, reason not given*:

- a. If *Chlamydia, gonorrhea, and syphilis screening results not documented as performed, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
  - b. If *Chlamydia, gonorrhea, and syphilis screening results not documented as performed, reason not given* equals No, proceed to *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 40 patients) plus Performance Not Met (c equals 30 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 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 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.