Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Preventive Care

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945–1965 seen during the performance period AND who were seen twice for any visits or who had at least one preventive visit within the 12-month performance period. 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 (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:
All patients aged 18 years and older who were seen twice for any visit or who had at least one preventive visit within the 12-month reporting period with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945–1965

> ***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 ≥ 18 years
> **AND**
> **At least one preventive encounter during the performance period (CPT or HCPCS):** 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439
> **OR**
> **At least two patient encounters during the performance period (CPT):** 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306,

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99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND

Patients who were born in the years 1945 to 1965: G9448

OR

History of receiving blood transfusions prior to 1992: G9449

OR

Receiving maintenance hemodialysis (CPT): 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99512*

OR

History of injection drug use: G9450

AND NOT

DENOMINATOR EXCLUSION:

Diagnosis for Chronic Hepatitis C (ICD-10-CM): B18.2

NUMERATOR:

Patients who received one-time screening for HCV infection

Definition:

Screening for HCV Infection includes current or prior receipt of:

1. HCV antibody test
2. HCV RNA test
3. Recombinant immunoblot assay (RIBA) test (if performed at any time in the past)

NUMERATOR NOTE: *Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter.*

Numerator Options:

Performance Met:	Patient received one-time screening for HCV infection **(G9451)**
OR	
Denominator Exception:	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons) **(G9452)**
OR	
Denominator Exception:	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons) **(G9453)**
OR	
Performance Not Met:	One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given **(G9454)**

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RATIONALE:

Of the estimated 3.5 million people living in the United States with the hepatitis C virus infection (HCV), only 50% have been tested for HCV and are aware of their status. Reported cases of HCV have increased (approximately 20% per year) between 2010 - 2016 which is partially due to improved case detection and more likely due to rising rates of injection drug use. Additionally, only one third have been referred for HCV care and only 5.6% receive recommended treatment. Studies indicate that even among high-risk patients for whom screening is recommended, only 49-75% are aware of their infection status. In a recent analysis of data from a national health survey, 67.9% of persons ever infected with HCV reported an exposure risk (e.g., injection drug use, having sexual contact with suspected/confirmed hepatitis C patient), 2 weeks to 6 months prior to symptom onset, and the remaining 32.1% reported no known exposure risk. Current risk-based testing strategies have had limited success, as evidenced by the substantial number of HCV-infected persons who remain unaware of their infection. As a result, many do not receive needed care (e.g., education, counseling, and medical monitoring), and are not evaluated for treatment. HCV causes acute infection, which can be characterized by mild to severe illness but is usually asymptomatic. In approximately 75%-85% of persons, HCV persists as a chronic infection, placing infected persons at risk for liver cirrhosis, hepatocellular carcinoma (HCC), and extrahepatic complications that develop over the decades following onset of infection. HCV testing is the first step toward improving health outcomes for persons infected with HCV.

CLINICAL RECOMMENDATION STATEMENTS:

In addition to testing adults of all ages at risk for HCV infection, CDC recommends that:

- Adults born during 1945–1965 should receive one-time testing for HCV without prior ascertainment of HCV risk (Strong Recommendation, Moderate Quality of Evidence), and
- All persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HCV infection and related conditions (Strong Recommendation, Moderate Quality of Evidence).

The CDC states that providers and patients can discuss HCV testing as part of an individual's preventive health care. For persons identified with HCV infection, CDC recommends that they receive appropriate care, including HCV-directed clinical preventive services (e.g., screening for alcohol use, hepatitis A and hepatitis B vaccination as appropriate, and medical monitoring of disease). Recommendations are available to guide treatment decisions. Treatment decisions should be made by the patient and provider after several factors are considered, including stage of disease, hepatitis C genotype, comorbidities, therapy-related adverse events, and benefits of treatment (CDC, 2012).

The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering 1-time screening for HCV infection to adults born between 1945 and 1965 (Grade B recommendation) (USPSTF, 2013).

Assessment of Risk

The most important risk factor for HCV infection is past or current injection drug use. Another established risk factor for HCV infection is receipt of a blood transfusion before 1992. Because of the implementation of screening programs for donated blood, blood transfusions are no longer an important source of HCV infection. In contrast, 60% of new HCV infections occur in persons who report injection drug use within the past 6 months. Additional risk factors include long-term hemodialysis, being born to an HCV-infected mother, incarceration, intranasal drug use, getting an unregulated tattoo, and other percutaneous exposures (such as in health care workers or from having surgery before the implementation of universal precautions). Evidence on tattoos and other percutaneous exposures as risk factors for HCV infection is limited. The relative importance of these additional risk factors may differ on the basis of geographic location and other factors (USPSTF, 2013).

Verbatim from AASLD and IDSA Recommendations for Testing, Managing, and Treating Hepatitis C, February 2016:

One-time HCV testing is recommended for persons born between 1945 and 1965* without prior ascertainment of risk.

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(Rating: Class I, Level B) (AASLD/IDSA, 2017)

Other persons should be screened for risk factors for HCV infection, and one-time testing should be performed for all persons with behaviors, exposures, and conditions or circumstances associated with an increased risk of HCV infection.

1. *Risk behaviors*

    a. *Injection drug use (current or ever, including those who injected once)*
    b. *Intranasal illicit drug use*

2. *Risk exposures*

    a. *Persons on long-term hemodialysis (ever)*
    b. *Persons with percutaneous/parenteral exposures in an unregulated setting*
    c. *Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-infected blood*
    d. *Children born to HCV-infected women*
    e. *Prior recipients of transfusions or organ transplants, including persons who:*
        i. *Were notified that they received blood from a donor who later tested positive for HCV infection*
        ii. *Received a transfusion of blood or blood components, or underwent an organ transplant before July 1992*
        iii. *Received clotting factor concentrates produced before 1987*
    f. *Persons who were ever incarcerated*

3. *Other conditions and circumstances*

    a. *HIV infection*
    b. *Sexually-active persons about to start pre-exposure prophylaxis (PreP) for HIV*
    c. *Unexplained chronic liver disease and/or chronic hepatitis including elevated alanine aminotransferase (ALT) levels*
    d. *Solid organ donors (deceased and living)*

*Regardless of country of birth
(Rating: Class I, Level B) (AASLD/IDSA, 2016)

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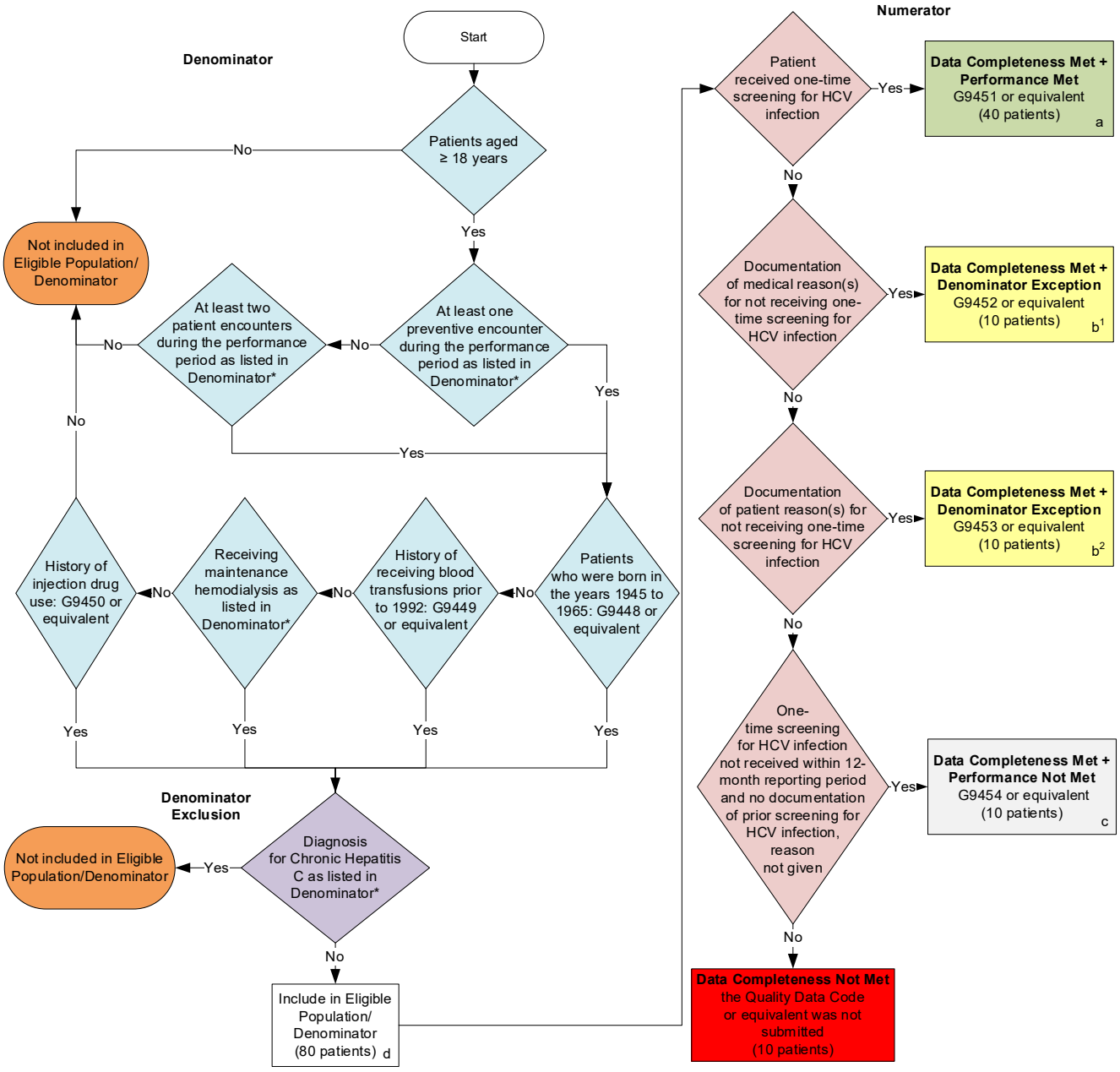
2021 Clinical Quality Measure Flow for Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b^1+b^2=20 patients) + Performance Not Met (c=10 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **80.00%**

Data Completeness Numerator (70 patients) – Denominator Exception (b^1+b^2=20 patients) = 50 patients

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

NOTE: Submission Frequency: Patient-Process

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2021 Clinical Quality Measure Flow Narrative for Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

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 18 years*:
    a. If *Patients aged greater than or equal to 18 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years* equals Yes, proceed to check *At least one preventive encounter during the performance period as listed in Denominator**.
3. Check *At least one preventive encounter during the performance period as listed in Denominator**:
    a. If *At least one preventive encounter during the performance period as listed in Denominator** equals No, proceed to check *At least two patient encounters during the performance period as listed in Denominator**.
    b. If *At least one preventive encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who were born in the years 1945 to 1965*.
4. Check *At least two patient encounters during the performance period as listed in Denominator**:
    a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Patients who were born in the years 1945 to 1965*.
5. Check *Patients who were born in the years 1945 to 1965*:
    a. If *Patients who were born in the years 1945 to 1965* equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C as listed in Denominator**.
    b. If *Patients who were born in the years 1945 to 1965* equals No, proceed to check *History of receiving blood transfusions prior to 1992*.
6. Check *History of receiving blood transfusions prior to 1992*:
    a. If *History of receiving blood transfusions prior to 1992* equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C as listed in Denominator**.
    b. If *History of receiving blood transfusions prior to 1992* equals No, proceed to check *Receiving maintenance hemodialysis as listed in Denominator**.
7. Check *Receiving maintenance hemodialysis as listed in Denominator**:
    a. If *Receiving maintenance hemodialysis as listed in Denominator** equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C as listed in Denominator**.
    b. If *Receiving maintenance hemodialysis as listed in Denominator** equals No, proceed to

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check *History of injection drug use*.

8. Check *History of injection drug use*:

    a. If *History of injection drug use* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *History of injection drug use* equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C as listed in Denominator**.

9. Check *Diagnosis for Chronic Hepatitis C as listed in Denominator**:

    a. If *Diagnosis for Chronic Hepatitis C as listed in Denominator** as Listed in Denominator equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Diagnosis for Chronic Hepatitis C as listed in Denominator** equals No, include in *Eligible Population/Denominator*.

10. Denominator Population:

    a. 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.

11. Start Numerator

12. Check *Patient received one-time screening for HCV infection*:

    a. If *Patient received one-time screening for HCV infection* 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 40 patients in the Sample Calculation.

    b. If *Patient received one-time screening for HCV infection* equals No, proceed to check *Documentation of medical reason(s) for not receiving one-time screening for HCV infection*.

13. Check *Documentation of medical reason(s) for not receiving one-time screening for HCV infection*:

    a. If *Documentation of medical reason(s) for not receiving one-time screening for HCV infection* equals Yes, include in *Data Completeness Met and Denominator Exception*.

        - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not receiving one-time screening for HCV infection* equals No, proceed to check *Documentation of patient reason(s) for not receiving one-time screening for HCV infection*.

14. Check *Documentation of patient reason(s) for not receiving one-time screening for HCV infection*:

    a. If *Documentation of patient reason(s) for not receiving one-time screening for HCV infection*

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equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 patients in the Sample Calculation.

b. If *Documentation of patient reason(s) for not receiving one-time screening for HCV infection* equals No, proceed to check *One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given*.

15. Check *One-time screening for HCV infection not received within 12- month reporting period and no documentation of prior screening for HCV infection, reason not given*:

    a. If *One-time screening for HCV infection not received within 12- month reporting period and no documentation of prior screening for HCV infection, reason not given* 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 *One-time screening for HCV infection not received within 12- month reporting period and no documentation of prior screening for HCV infection, reason not given* equals No, proceed to check *Data Completeness Not Met*.

16. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was 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 Denominator Exception (b^1 plus b^2 equals 20 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 87.5 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 plus b^2 equals 20 patients). All equals 40 patients divided by 50 patients. All equals 80 percent.

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

NOTE: Submission Frequency: Patient-Process

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