Quality ID #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
If a patient has been newly prescribed a biologic and/or immune response modifier that includes a warning for potential reactivation of a latent infection, then the medical record should indicate TB testing in the preceding 12-month period.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinical Applicability:
The intent of this measure is to reflect the quality of services for patients who are being considered or prescribed a first course of a biologic and/or immune response modifier therapy. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

To be included in the denominator, patient must have an encounter and a prescription for a biologic and/or immune response modifier in the performance period (1/1/2026-12/31/2026) WITHOUT a prior prescription for a biologic and/or immune response modifier within the 15 months prior to the biologic and/or immune response modifier prescribed during the performance period.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other

codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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 are receiving a first course of therapy using a biologic and/or immune response modifier (such as janus kinase inhibitors) that includes a warning for potential reactivation of a latent infection.

Denominator Instructions:
Patients are considered to be receiving a first course of therapy using a biologic and/or immune response modifier that includes a warning for potential reactivation of a latent infection only if they have been prescribed such a biologic and/or immune response modifier during the performance period and also have not been prescribed any such biologic and/or immune response modifier in the 15 months preceding the encounter at which the biologic and/or immune response modifier was newly started.

The list of biologic and/or immune response modifier therapies are subject to change as new therapies are approved by the FDA. Newly approved biologic and/or immune response modifier therapies requiring TB testing prior to the first course of therapy would be eligible for inclusion within the Denominator even if not listed within the Table 1.

DENOMINATOR NOTE:
**Signifies that this HCPCS 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 the MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, G0402, G0468*
AND
Patient receiving first-time biologic and/or immune response modifier therapy: G2182

Reference Coding/Medication:
Table 1: Denominator Criteria for first-time biologic and/or immune response modifier therapy [G2182] is defined by the following medications; however, the list may change as new therapies are approved by the FDA:

Abatacept (Orencia)	Anakinra (Kineret)	Rituximab (Rituxan)
Adalimumab (HUMIRA)	Baricitinib (Olumiant)	Sarilumab (KEVZARA)
Adalimumab-aacf (Idacio)	Brodalumab (Siliq)	Secukinumab (Cosentyx)
Adalimumab-aaty (Yuflyma)	Canakinumab (ILARIS)	Tocilizumab (ACTEMRA)
Adalimumab-adaz (Hyrimoz)	Certolizumab pegol and lyophilized certolizumab pegol (CIMZIA)	Tocilizumab-aazg (Tyenne)
Adalimumab-adbm (Cyltezo)	Etanercept (Enbrel)	Tocilizumab-bavi (Tofidence)
Adalimumab-afzb (Abrilada)	Golimumab (Simponi)	Tofacitinib (XELJANZ)
Adalimumab-aqvh (Yusimry)	Guselkumab (Tremfya)	Upadacitinib (RINVOQ)
Adalimumab-atto (Amjevita)	Infliximab (REMICADE)	Ustekinumab (STELARA)
Adalimumab-bwwd (Hadlima)	Infliximab-abda (Renflexis)	Ustekinumab (Pyzchiva)
Adalimumab-ryvk (Simlandi)	Infliximab-axxq (Avsola)	Ustekinumab (Selarsdi)
Adalimumab-fkjp (Hulio)	Infliximab-dyyb (Inflectra)	Ustekinumab (Wezlana)
Adalimumab-afzb (Abrilada)	Ixekizumab (Taltz)	Upadacitinib (RINVOQ)
Adalimumab-aqvh (Yusimry)	Risankizumab-rzaa (Skyrizi)	Ustekinumab (STELARA)
Adalimumab-atto (Amjevita)		

NUMERATOR:
Patients for whom any record of TB testing is documented or performed (PPD or TST, IFN-gamma release assays, or other appropriate method) in the medical record in the 12 months preceding the biologic and/or immune response modifier prescription.

Numerator Options:

Performance Met:	TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy (M1003)
OR	
Denominator Exception:	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy) (M1004)
OR	
Performance Not Met:	TB screening not performed or results not interpreted, reason not given (M1005)

RATIONALE:
Regardless of a patient's diagnosis, it is essential to screen the patient for tuberculosis before initiating therapy with a biologic and/or immune response modifier, as research has documented a higher incidence of TB after anti-TNFα therapy. All patients being considered for a biologic and/or immune response modifier should receive a TB test (tuberculin skin test or blood test), even if the patient has previously received the BCG vaccination. Test results, in addition to patient risk for TB and other tests, should be used to assess the patient's risk for latent TB infection (also called inactive TB); for documented latent TB infection, treatment with isoniazid or similar medication should be started prior to or concurrent with biologic initiation as clinically appropriate (https://www.cdc.gov/tb/publications/ltbi/default.htm).

CLINICAL RECOMMENDATION STATEMENTS:
The American College of Rheumatology recommends screening to identify latent TB infection (LTBI) in all RA patients being considered for therapy with biologic agents, regardless of the presence of risk factors for LTBI. (Level of Evidence: C) (ACR, 2012) Multiple studies have found similarly increased risks of latent TB reactivation with biologics in other auto-inflammatory syndromes other than RA, such as inflammatory bowel disease, ankylosing spondylitis and psoriasis. This has led to many consensus statements supporting screening of latent TB prior to initiation of a range of biologic and/or immune response modifiers in a range of autoimmune/auto-inflammatory diseases (Hasan, 2018Doherty, 2008), supporting that this measure applies to a broad population of patients being considered for biologic and/or immune response modifier therapy.

REFERENCES:
Singh, J. A., Furst, D. E., Bharat, A., Curtis, J. R., Kavanaugh, A. F., Kremer, J. M., Moreland, L. W., O'Dell, J., Winthrop, K. L., Beukelman, T., Bridges, S. L., Jr, Chatham, W. W., Paulus, H. E., Suarez-Almazor, M., Bombardier, C., Dougados, M., Khanna, D., King, C. M., Leong, A. L., Matteson, E. L., …

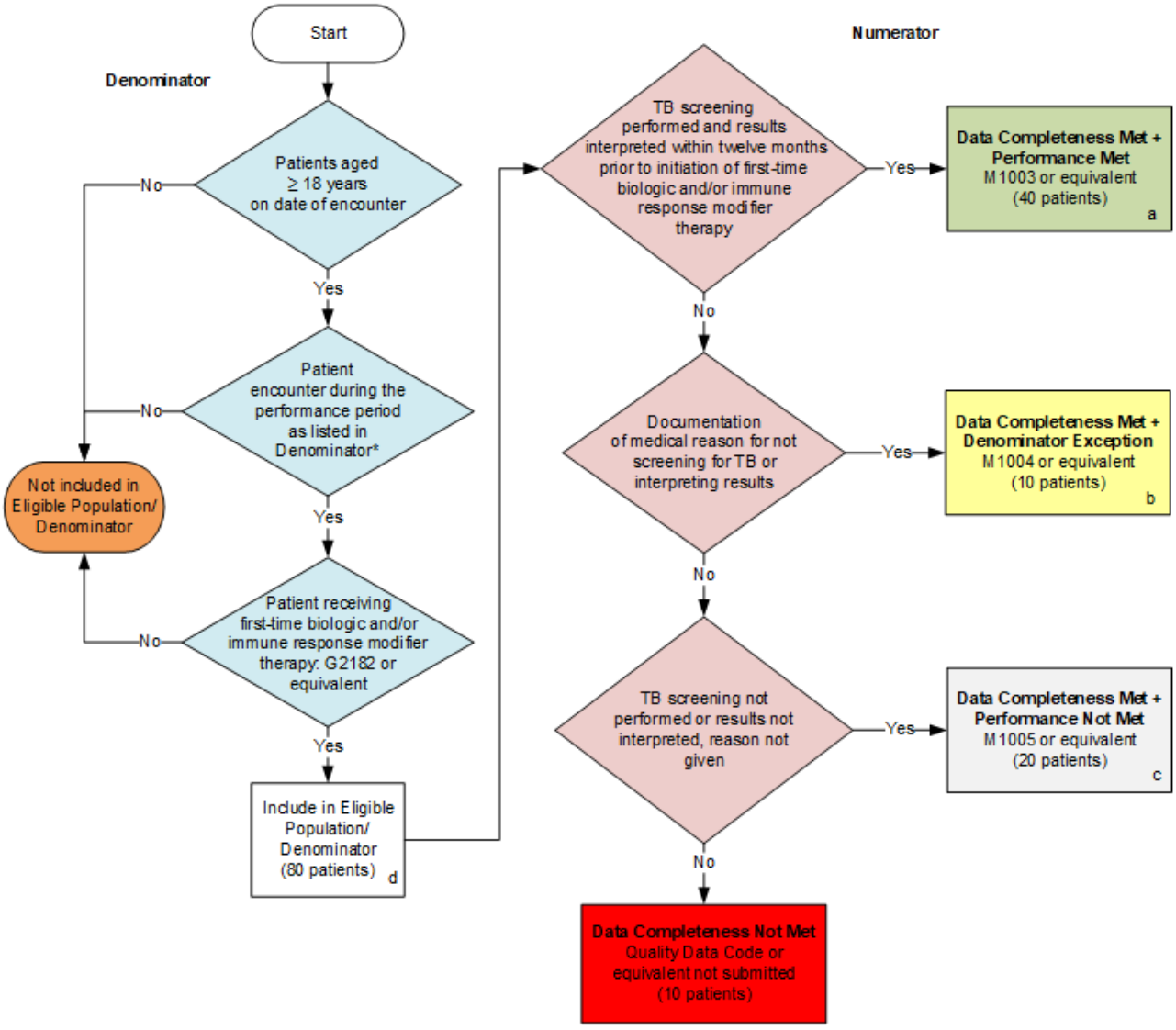
Saag, K. G. (2012). 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. *Arthritis care & research*, *64*(5), 625–639. https://doi.org/10.1002/acr.21641

Hasan, T., Au, E., Chen, S., Tong, A., & Wong, G. (2018). Screening and prevention for latent tuberculosis in immunosuppressed patients at risk for tuberculosis: a systematic review of clinical practice guidelines. *BMJ open*, *8*(9), e022445. https://doi.org/10.1136/bmjopen-2018-022445

Doherty, S. D., Van Voorhees, A., Lebwohl, M. G., Korman, N. J., Young, M. S., Hsu, S., et al. (2008). National Psoriasis Foundation consensus statement on screening for latent tuberculosis infection in patients with psoriasis treated with systemic and biologic agents. *Journal of the American Academy of Dermatology*, *59*(2), 209–217.

2026 Clinical Quality Measure Flow for Quality ID #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy

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



SAMPLE CALCULATIONS

Data Completeness=

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

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

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

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

NOTE : Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy

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 on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. 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, proceed to check *Patient receiving first-time biologic and/or immune response modifier therapy*.
4. Check *Patient receiving first-time biologic and/or immune response modifier therapy*:
    a. If *Patient receiving first-time biologic and/or immune response modifier therapy* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient receiving first-time biologic and/or immune response modifier therapy* 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 *TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy*:
    a. If *TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy* 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 *TB screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy* equals No, proceed to check *Documentation of medical reason for not screening for TB or interpreting results*.
8. Check *Documentation of medical reason for not screening for TB or interpreting results*:

a. If *Documentation of medical reason for not screening for TB or interpreting results* 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 equals 10 patients in the Sample Calculation.

b. If *Documentation of medical reason for not screening for TB or interpreting results* equals No, proceed to check *TB screening not performed or results not interpreted, reason not given*.

9. Check *TB screening not performed or results not interpreted, reason not given*:

a. If *TB screening not performed or results not interpreted, 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 20 patients in the Sample Calculation.

b. If *TB screening not performed or results not interpreted, reason not given* equals No, proceed to check *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

- 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 equals 10 patients) plus Performance Not Met (c equals 20 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) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 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.