Quality ID #387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

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

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
Percentage of patients, regardless of age, who are active injection drug users who received screening for HCV infection within the 12-month reporting period.

<u>INSTRUCTIONS:</u>
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:
This measure is intended to reflect the quality of services provided for patients regardless of age, who are active injection drug users. 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.

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.

<u>DENOMINATOR:</u>
All patients, regardless of age, who are seen twice for any visit or who had at least one preventive visit within the 12- month reporting period who are active injection drug users.

> **Definition:**
> **Active injection drug users –** Those who have injected any drug(s) within the 12-month reporting 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.

<u>Denominator Criteria (Eligible Cases):</u>
All patients regardless of age
<u>AND</u>
At least one preventive encounter during the performance period (CPT or HCPCS): 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, G0438, G0439
> <u>OR</u>
> **At least two patient encounters during the performance period (CPT):** 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, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350
<u>AND</u>
Documentation of active injection drug use: G9518
<u>AND NOT</u>
<u>DENOMINATOR EXCLUSION:</u>
Diagnosis for Chronic Hepatitis C during performance period (ICD-10-CM): B18.2

<u>NUMERATOR:</u>
Patients who received screening for HCV infection within the 12-month reporting period.

> <u>Definition:</u>
> **Screening for HCV infection –** includes HCV antibody test or HCV RNA test.

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

> <u>Numerator Options:</u>
> *Performance Met:*   Patient received screening for HCV infection within the 12-month reporting period **(G9383)**

<u>OR</u>

> *Denominator Exception:*   Documentation of medical reason(s) for not receiving annual 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) **(G9384)**
> <u>OR</u>
> *Denominator Exception:*   Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons) **(G9385)**

<u>OR</u>

> *Performance Not Met:*   Screening for HCV infection not received within the 12- month reporting period, reason not given **(G9386)**

<u>RATIONALE:</u>
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 only 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. Data from the CDC shows that of the 2016 case reports that had information about drug use, 68.6% reported the use of injection drugs. According to one study, 72% of persons with a history of injection-drug use who are infected with HCV remain unaware of their infection status. 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.

Since 1998, routine HCV testing has been recommended by CDC for persons most likely to be infected with HCV. These recommendations were made on the basis of a known epidemiologic association between a risk factor and acquiring HCV infection, including injection drug use. It is estimated that most new cases of HCV infections are among young persons who are white, live in non-urban areas and have a history of previously reported injection drug use. An epidemic has arisen that is a national priority for federal and state public health agencies. HCV testing is the first step toward improving health outcomes for persons who report injection drug use and are infected with HCV.

CLINICAL RECOMMENDATION STATEMENTS:
Verbatim from AASLD and IDSA Recommendations for Testing, Managing, and Treating Hepatitis C, September 2017:
Annual HCV testing is recommended for persons who inject drugs and for HIV-infected men who have unprotected sex with men. Periodic testing should be offered to other persons with ongoing risk factors for HCV exposure. (Rating: Class IIA, Level C) (AASLD/IDSA, 2017)

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, 2020)

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, 2020)

REFERENCES:
AASLD-IDSA HCV Guidance Panel , Hepatitis C Guidance 2018 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection, *Clinical Infectious Diseases*, Volume 67, Issue 10, 15 November 2018, Pages 1477–1492, https://doi.org/10.1093/cid/ciy585

U.S. Preventive Services Task Force. (2020, March 2). *Hepatitis C virus infection in adolescents and adults: Screening – Recommendation statement.* Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening

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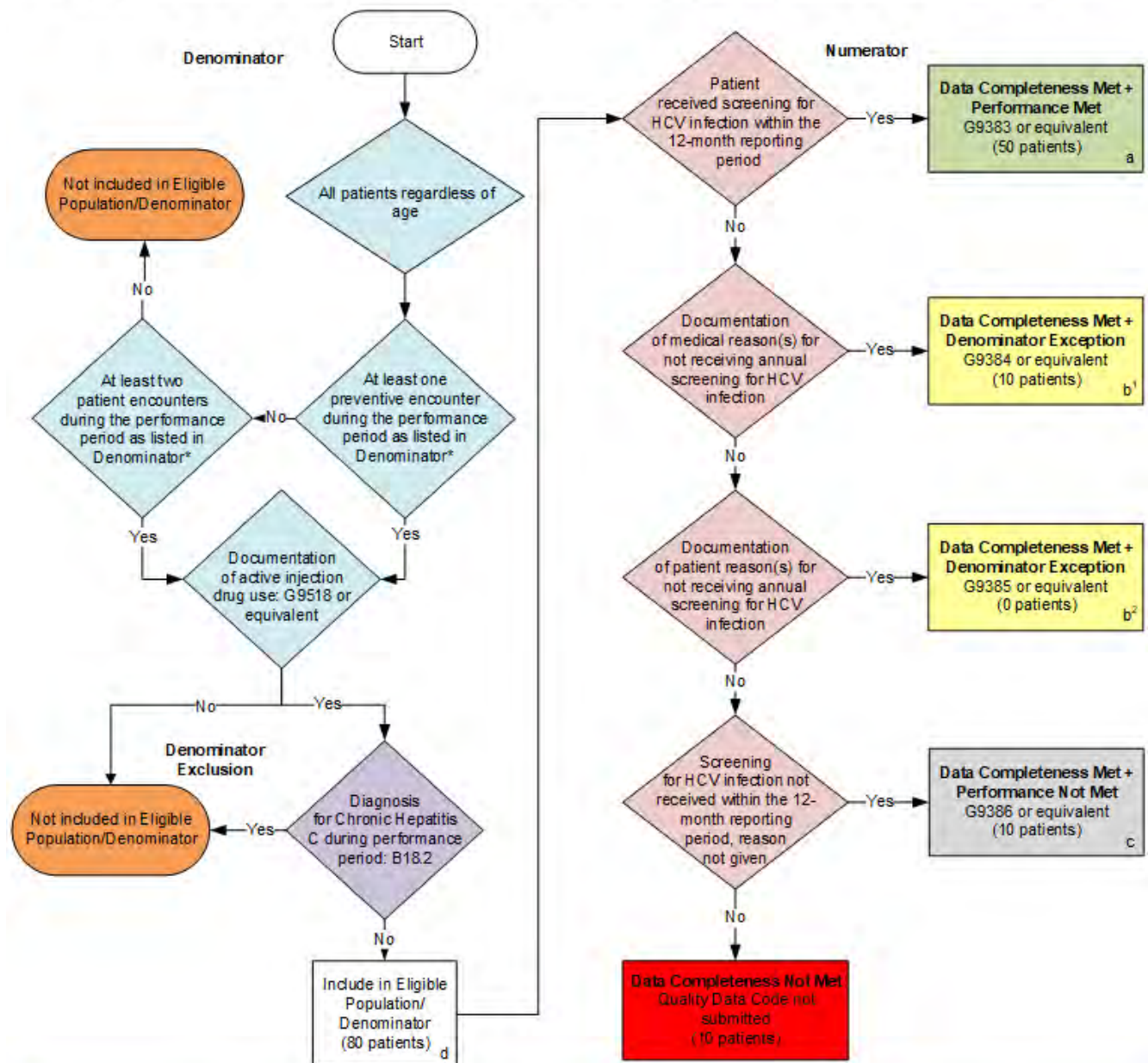THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND

2026 Clinical Quality Measure Flow for Quality ID #387:
Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

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

Denominator

- Start
- All patients regardless of age
- Not included in Eligible Population/Denominator
- At least two patient encounters during the performance period as listed in Denominator* — No → Not included in Eligible Population/Denominator; Yes →
- At least one preventive encounter during the performance period as listed in Denominator* — No; Yes →
- Documentation of active injection drug use: G9518 or equivalent — No → Not included in Eligible Population/Denominator (Denominator Exclusion); Yes →
- Diagnosis for Chronic Hepatitis C during performance period: B18.2 — Yes → Not included in Eligible Population/Denominator; No →
- Include in Eligible Population/Denominator (80 patients) **d**

Numerator

- Patient received screening for HCV infection within the 12-month reporting period — Yes → **Data Completeness Met + Performance Met** G9383 or equivalent (50 patients) **a**; No →
- Documentation of medical reason(s) for not receiving annual screening for HCV infection — Yes → **Data Completeness Met + Denominator Exception** G9384 or equivalent (10 patients) **b¹**; No →
- Documentation of patient reason(s) for not receiving annual screening for HCV infection — Yes → **Data Completeness Met + Denominator Exception** G9385 or equivalent (0 patients) **b²**; No →
- Screening for HCV infection not received within the 12-month reporting period, reason not given — Yes → **Data Completeness Met + Performance Not Met** G9386 or equivalent (10 patients) **c**; No →
- **Data Completeness Not Met** Quality Data Code not submitted (10 patients)

SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients) + Denominator Exception (b}^1\text{+b}^2\text{=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^1\text{+b}^2\text{=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

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

2026 Clinical Quality Measure Flow Narrative for Quality ID #387:
Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

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

1. Start with Denominator

2. Check *All patients regardless of age*

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 *Documentation of active injection drug use* :

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 *Documentation of active injection drug use* .

5. Check *Documentation of active injection drug use*:

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

    b. If *Documentation of active injection drug use* equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C during the performance period*

6. Check *Diagnosis for Chronic Hepatitis C during the performance period*:

    a. If *Diagnosis for Chronic Hepatitis C during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Diagnosis for Chronic Hepatitis C during the performance period* equals No, include in *Eligible Population/Denominator*.

7. 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.

8. Start Numerator

9. Check *Patient received screening for HCV infection within the 12-month reporting period*:

    a. If *Patient received screening for HCV infection within the 12-month reporting period* 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 50 patients in the Sample Calculation.

b.   If *Patient received screening for HCV infection within the 12-month reporting period* equals No, proceed to check *Documentation of medical reason(s) for not receiving annual screening for HCV infection*.

10. Check *Documentation of medical reason(s) for not receiving annual screening for HCV infection*:

a.   If *Documentation of medical reason(s) for not receiving annual 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 annual screening for HCV infection* equals No, proceed to check *Documentation of patient reason(s) for not receiving annual screening for HCV infection*.

11. Check *Documentation of patient reason(s) for not receiving annual screening for HCV infection*:

a.   If *Documentation of patient reason(s) for not receiving annual 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^2 equals 0 patients in the Sample Calculation.

b.   If *Documentation of patient reason(s) for not receiving annual screening for HCV infection* equals No, proceed to check *Screening for HCV infection not received within the 12-month reporting period, reason not given*.

12. Check *Screening for HCV infection not received within the 12-month reporting period, reason not given*:

a.   If *Screening for HCV infection not received within the 12-month reporting period, 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 Sample Calculation.

b.   If *Screening for HCV infection not received within the 12-month reporting period, reason not given* equals No, proceed to check *Data Completeness Not Met*.

13. 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 50 patients) plus Denominator Exception (b^1 plus b^2 equals 10 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 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 plus b^2 equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 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.