Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation

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

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged ≥ 18 years who have never been tested for Hepatitis C Virus (HCV) infection who receive an HCV infection test AND who have treatment initiated within three months or who are referred to a clinician who treats HCV infection within one month if tested positive for HCV.

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
This measure is intended to reflect the quality of service provided for patients age 18 years and older who were seen twice for any visits or who had at least one preventive visit through September 30 of the performance period AND who have never received an HCV antibody test. 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 two strata defined by two submission criteria.
This measure produces two performance rates.

There are 2 Submission Criteria for this measure:

1) All patients aged ≥ 18 years who have never been tested for HCV antibodies and who receive an HCV antibody test.

AND

2) All patients aged ≥ 18 years who have a reactive (positive) HCV antibody test and have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.

This measure contains two submission criteria that aim to identify patients who are tested for HCV antibodies (Submission Criteria 1) and patients who have a reactive HCV antibody test and who have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test (Submission Criteria 2). By separating this measure into various submission criteria, the MIPS eligible clinician will be able to better ascertain where gaps in performance exist and identify opportunities for improvement.

This measure will be calculated with 2 performance rates:

1) Percentage of patients aged ≥ 18 years who have never been tested for HCV antibodies and who receive an HCV antibody test.
2) Percentage of patients aged ≥ 18 years who have a reactive HCV antibody test, who have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.

A simple average, which is the sum of the performance rates divided by the number of the performance rates will be used to calculate performance.

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

The denominator of Submission Criteria 2 is a subset of the resulting numerator for Submission Criteria 1, as Submission Criteria 2 is limited to assessing if patients who have a reactive HCV antibody test, have a follow up HCV viral test, and if HCV viremia is detected, treatment is initiated within three months or they are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test. For all patients aged ≥ 18 years who have never been tested for HCV antibodies, Submission Criteria 1 is applicable, but Submission Criteria 2 will only be applicable for those patients who have a reactive HCV antibody test.

Include only eligible encounters and HCV antibody test results documented through September 30 of the performance period. This will allow the evaluation of at least 90 days for treatment initiation or documentation of referral made within 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.

SUBMISSION CRITERIA 1: PATIENTS WHO HAVE NEVER BEEN TESTED FOR HCV ANTIBODIES AND WHO RECEIVE AN HCV ANTIBODY TEST

DENOMINATOR (CRITERIA 1):
All patients aged ≥ 18 years who are seen twice for any visits or who have at least one preventive visit between January 1 and September 30 of the performance period.

DENOMINATOR NOTE:
Either documentation of the prior HCV antibody test or HCV RNA test in the medical record or patient self-report of prior HCV antibody test or HCV RNA test is acceptable for this exclusion.

**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 1(Eligible Cases):
Patients aged ≥ 18 years
AND
At least one preventive encounter (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439
OR
At least two patient encounters (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
AND NOT
DENOMINATOR EXCLUSION:
Diagnosis for Chronic Hepatitis C during the performance period: M1461
OR
Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period: M1235

Reference Coding:
Denominator Exclusion for Chronic Hepatitis C [M1461] is defined by the following coding only: B18.2

NUMERATOR (CRITERIA 1):
Patients who receive an HCV antibody test between January 1 and September 30 of the performance period.

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

Numerator Options:

Performance Met:	Patient receives HCV antibody test with nonreactive result (M1231)
OR	
Performance Met:	Patient receives HCV antibody test with reactive result (M1232)
OR	
Denominator Exception:	Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy (G9452)
OR	
Performance Not Met:	Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, reason not given (M1233)

AND

SUBMISSION CRITERIA 2: PATIENTS WITH A REACTIVE (POSITIVE) HCV ANTIBODY TEST WITH A FOLLOW UP HCV VIRAL TEST, AND IF HCV VIREMIA IS DETECTED, TREATMENT IS INITIATED WITHIN THREE MONTHS OR RECEIVES A REFERRAL TO A CLINICIAN WHO TREATS HCV INFECTION WITHIN ONE MONTH OF THE REACTIVE HCV ANTIBODY TEST

DENOMINATOR (CRITERIA 2):
Patients aged ≥ 18 years who are seen twice for any visits OR who have at least one preventive visit AND have documentation of a reactive HCV antibody test between January 1 and September 30 of 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 2(Eligible Cases):
Patients aged ≥ 18 years
AND
All eligible instances when M1232 is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1
AND
At least one preventive encounter (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

OR

At least two patient encounters (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

NUMERATOR (CRITERIA 2):
Patients who have an HCV viral test conducted that (a) does not detect HCV viremia, or (b) detects HCV viremia and treatment is initiated within three months or they are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.

Definitions:
Examples of clinicians who treat HCV infection include but are not limited to –

- Gastroenterologist
- Hepatologist
- Infectious disease clinicians

Initiation of treatment definition for clinicians who do not refer patients to specialists for care – Initiation of antiviral treatment, as appropriate, based on clinical guideline recommendations and patient characteristics.
HCV viral test – is defined as a test measuring an established marker of active HCV infection, including:

- HCV RNA test
- HCV core antigen test

Numerator Options:

Performance Met:	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection (M1229)
OR	
Performance Met:	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test (M1228)
OR	
Performance Met:	Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia (M1234)

OR

Performance Not Met:	Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given (M1230)

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. The CDC and AASLD suggest one time screening for all patients aged 18 years or older and there is limited evidence to support the upper age limit suggested by the USPSTF of 79 years of age; therefore, we recommend one-time screening for HCV infection in all patients aged 18 years and older consistent with the evidenced based guidance.

CLINICAL RECOMMENDATION STATEMENTS:

In addition to testing adults of all ages at risk for HCV infection, CDC recommends that:
Hepatitis C screening be performed at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA-positivity) is less than 0.1%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 adults aged 18 to 79 years. (Grade B recommendation) (USPSTF, 2020).

This recommendation incorporates new evidence and replaces the 2013 USPSTF recommendation, which recommended screening for HCV infection in persons at high risk for infection and 1-time screening in adults born between 1945 and 1965 (B recommendation). The new USPSTF recommendation expands the ages for screening to all adults from 18 to 79 years.

The treatment of HCV continues to evolve, resulting in greater benefits and fewer harms than when the USPSTF last considered the evidence. Direct-acting antiviral regimens are of shorter duration, with higher rates of sustained virologic response (SVR) and fewer serious harms than previous treatment regimens. Since 2013, the prevalence of HCV infection has increased in younger persons aged 20 to 39 years. There are limited epidemiologic data available on HCV incidence in adolescents younger than 18 years. The HCV infection prevalence rates in older adults born between 1945 and 1965

remain relatively high, and prevalence in the elderly will increase as this population ages. Clinical trials of DAA treatment included adults in their early 80s, which increases the evidence for the benefits of screening in older adults. In addition, many older adults could experience the benefits of screening. As a result, the USPSTF concluded that broadening the age for HCV screening beyond its previous recommendation will identify infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications. (USPSTF, 2020).

Verbatim from AASLD and IDSA Recommendations for Testing, Managing, and Treating Hepatitis C, August 2020: One-time, routine, opt out HCV testing is recommended for all individuals aged 18 years or older. (Rating: Class I, Level B) (AASLD/IDSA, 2020)

REFERENCES

American Association for the Study of Liver Diseases & Infectious Diseases Society of America. (2020, August). *Hepatitis C guidance: Testing, managing, and treating hepatitis C virus infection: Recommendations of the HCV guidance panel*. Retrieved from https://www.hcvguidelines.org/

Centers for Disease Control and Prevention. (2012). Prevention and control of influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recommendations and Reports, 61(4), 1-42. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm

U.S. Preventive Services Task Force. (2020). *Hepatitis C screening: Recommendation statement*. U.S. Preventive Services Task Force. Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening

2026 Clinical Quality Measure Flow for Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation

Multiple Performance Rates

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

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (Submission Criteria One and Two) =

Performance Met ($a^1+a^2+a^3+a^4+a^5$=110) + Denominator Exception (b=10) + Performance Not Met (c^1+c^2=20) = 140 patients = **87.50%**

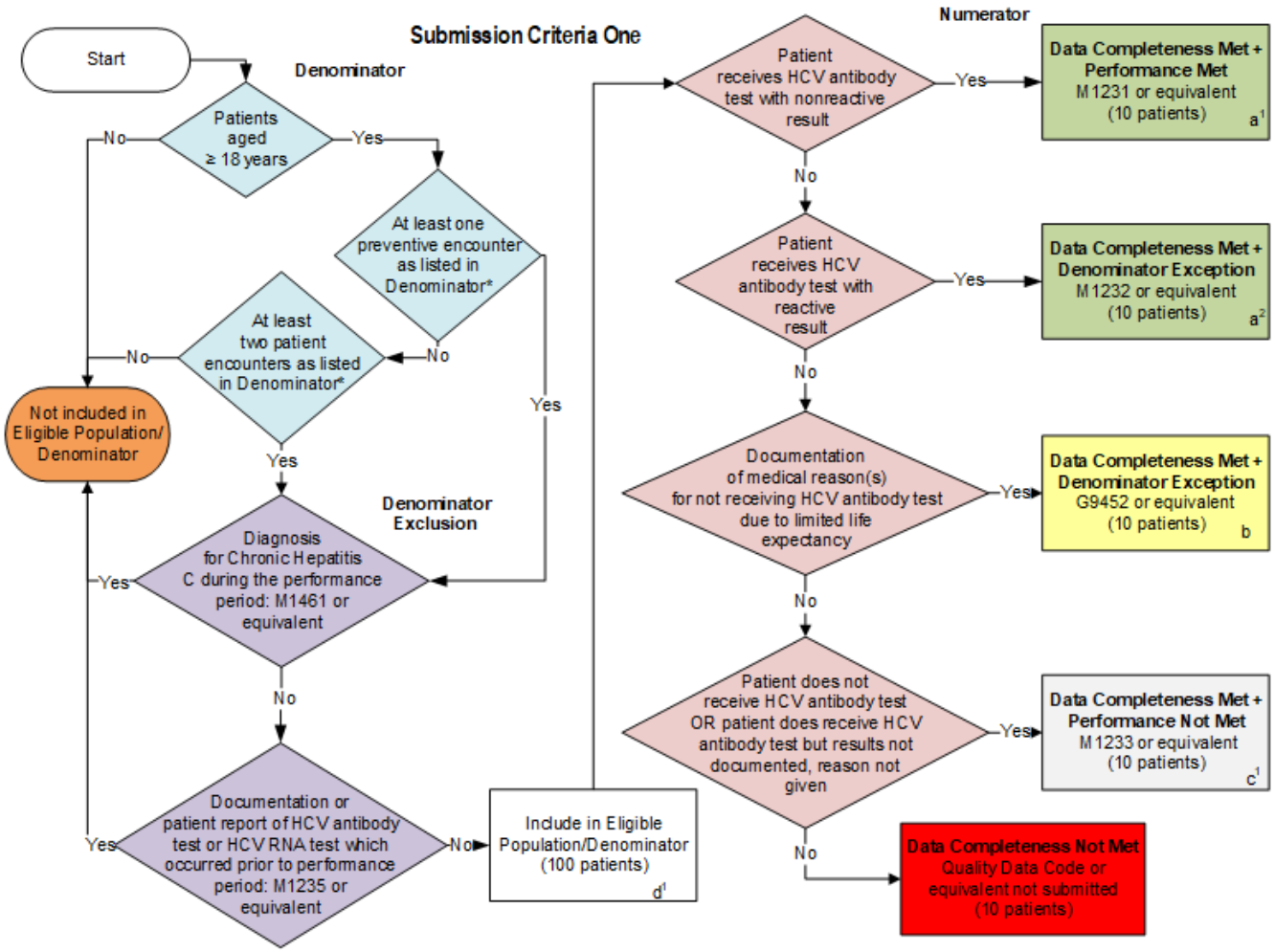
Eligible Population / Denominator (d^1+d^2=160) = 160 patients

Overall Performance Rate (Simple Average) =

Performance Rate One (87.50%) + Performance Rate Two (80.00%) = 167.50% = **83.75%**

Number of Performance Rates (2) = 2

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



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

Performance Met (a^1+a^2=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c^1=10 patients) = 90 patients = **90.00%**

Eligible Population / Denominator (d^1=100 patients) = 100 patients

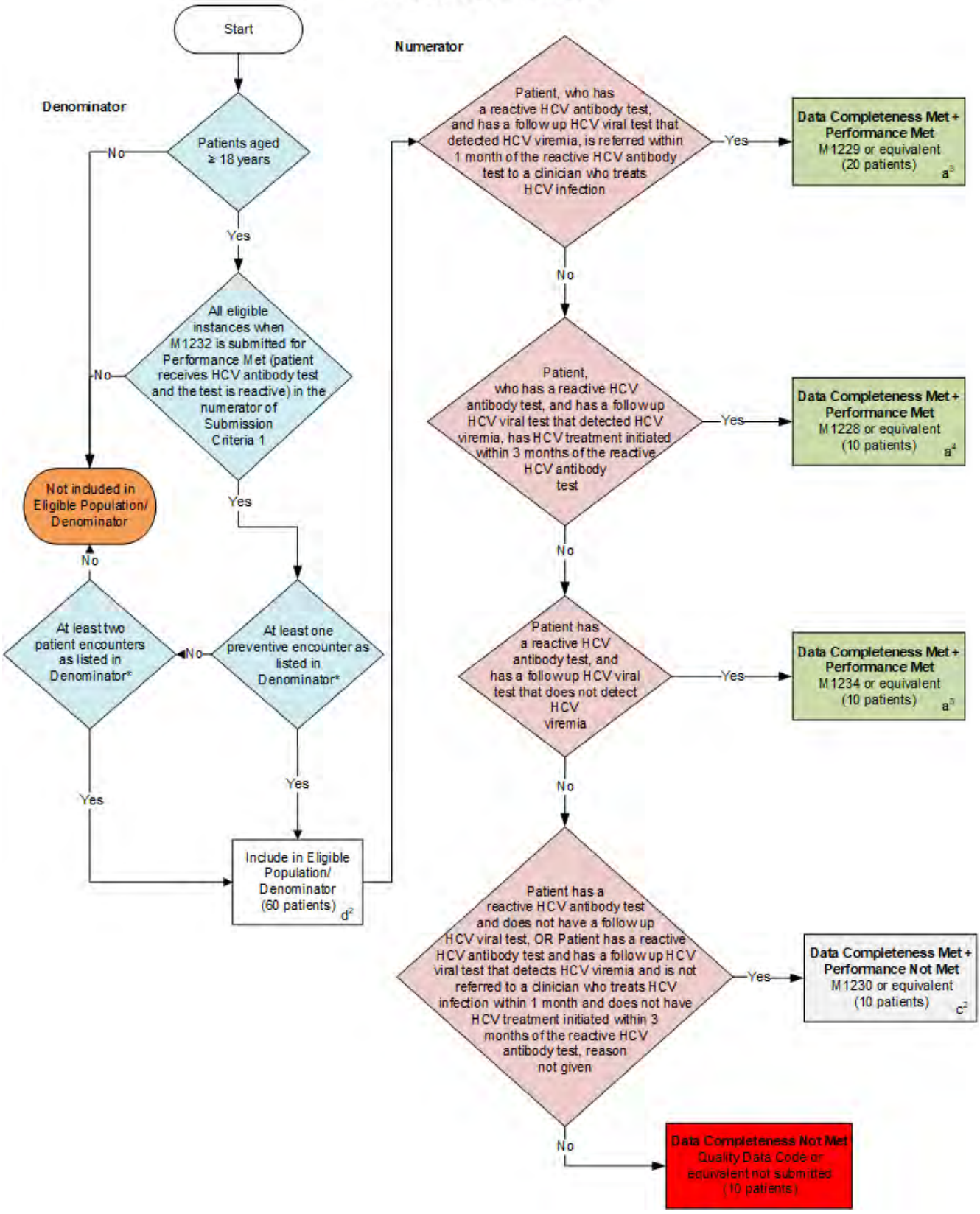
Performance Rate=

Performance Met (a^1+a^2=70 patients) = 70 patients = **87.50%**

Data Completeness Numerator (90) – Denominator Exception (b=10 patients) = 80 patients

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

Submission Criteria Two



SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=

Performance Met (a^3+a^4+a^5=40 patients) + Performance Not Met (c^2=10 patients) = 50 patients = **83.33%**

Eligible Population / Denominator (d^2=60 patients) = 60 patients

Performance Rate=

Performance Met (a^3+a^4+a^5=40 patients) = 40 patients = **80.00%**

Data Completeness Numerator (50) = 50 patients

*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 #400: One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation

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

Multiple Performance Rates

Accountability Reporting in the CMS MIPS Program: Sample Calculations:

Overall Data Completeness (Submission Criteria One and Two) equals Performance Met (a_1 plus a_2 plus a_3 plus a_4 plus a_5 equals 110 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c_1 plus c_2 equals 20 patients) divided by Eligible Population/Denominator (d_1 plus d_2 equals 160 patients). All equals 140 patients divided by 160 patients. All equals 87.50 percent.

Overall Performance Rate (Simple Average) equals Performance Rate One (87.50 percent) plus Performance Rate Two (80.00 percent) divided by Number of Performance Rates (2). All equals 167.50 percent divided by 2. All equals 83.75 percent.

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

NOTE: Submission Frequency: Patient-Process

Submission Criteria One:

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 as listed in Denominator**.
3. Check *At least one preventive encounter as listed in Denominator**:
    a. If *At least one preventive encounter as listed in Denominator** equals No, proceed to check *At least two patient encounters as listed in Denominator**.
    b. If *At least one preventive encounter as listed in Denominator** equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C*.
4. Check *At least two patient encounters as listed in Denominator**:
    a. If *At least two patient encounters as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least two patient encounters as listed in Denominator** equals Yes, proceed to check *Diagnosis for Chronic Hepatitis C.*
5. Check *Diagnosis for Chronic Hepatitis C during the performance period*:
    a. If *Diagnosis for Chronic Hepatitis C during the performance period* equals No, proceed to check *Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to performance period*.

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

6. Check *Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to performance period*:

    a. If *Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to performance period* equals Yes, do not include *Eligible Population/Denominator*. Stop processing.

    b. If *Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to 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 d1 equals 100 patients in the Sample Calculation.

8. Start Numerator

9. Check *Patient receives HCV antibody test with nonreactive result*:

    a. If *Patient receives HCV antibody test with nonreactive result* 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^1 equals 10 patients in the Sample Calculation.

    b. If *Patient receives HCV antibody test with nonreactive result* equals No, proceed to check *Patient receives HCV antibody test with reactive result*.

10. Check *Patient receives HCV antibody test with reactive result*:

    a. If *Patient receives HCV antibody test with reactive result* 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^2 equals 60 patients in the Sample Calculation.

    b. If *Patient receives HCV antibody test with reactive result* equals No, proceed to check *Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy*.

11. Check *Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy*:

    a. If *Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy* 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(s) for not receiving HCV antibody test due to limited life expectancy* equals No, proceed to check *Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, reason not given*.

12. Check *Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, reason not given*:

    a. If *Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, 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 c1 equals 10 patients in the Sample Calculation.

    b. If *Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, 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: Submission Criteria One

Data Completeness equals Performance Met (a^1 plus a^2 equals 70 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c^1 equals 10 patients) divided by Eligible Population/Denominator (d^1 equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a^1 plus a^2 equals 70 patients) divided by Data Completeness Numerator (90 patients) minus Denominator Exception (b equals 10 patients). All equals 70 patients divided by 80 patients. All equals
87.50 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.

Submission Criteria Two:

1. Start 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 *All eligible instances when M1232 is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1*.

3. Check *All eligible instances when M1232 is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1*:

    a. If *All eligible instances when M1232 is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator.* Stop processing.

    b. If *All eligible instances when M1232 is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least one preventive encounter as listed in Denominator**.

4. Check *At least one preventive encounter as listed in Denominator**:

    a. If *At least one preventive encounter as listed in Denominator** equals Yes, include in *Eligible Population/Denominator.*

    b. If *At least one preventive encounter as listed in Denominator** equals No, proceed to check *At least two patient encounters as listed in Denominator**.

5. Check *At least two patient encounters as listed in Denominator*:*

    a. If *At least two patient encounters as listed in Denominator** equals No, do not include in *Eligible Population/Denominator.* Stop processing.

    b. If *At least two patient encounters as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.

6. 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^2 equals 60 patients in the Sample Calculation.

7. Start Numerator

8. Check *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection*:

    a. If *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats 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^3 equals 20 patients in the Sample Calculation.

    b. If *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection* equals No, proceed to check *Patient, who has a reactive HCV*

antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test.

9. Check *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test*:

    a. If *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test* 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^4 equals 10 patients in the Sample Calculation.

10. If *Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test* equals No, proceed to check *Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia*. Check *Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia*:

    a. If *Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia* 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^5 equals 10 patients in the Sample Calculation.

    b. If *Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia* equals No, proceed to check *Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given*.

11. Check *Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given*:

    a. If *Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 patients in the Sample Calculation.

    b. If *Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV*

viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given equals No, proceed to check *Data Completeness Not Met.*

12. 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: Submission Criteria Two

Data Completeness equals Performance Met (a^3 plus a^4 plus a^5 equals 40 patients) plus Performance Not Met (c^2 equals 10 patients) divided by Eligible Population/Denominator (d^2 equals 60 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

Performance Rate equals Performance Met (a^3+a^4+a^5 equals 40 patients) divided by Data Completeness Numerator (50 patients). All equals 40 patients divided by 50 patients. All equals 80.00 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.