

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

**2022 COLLECTION TYPE:**  
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients age  $\geq$  18 years 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  $\geq$  18 years of age 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  $\geq$  18 years of age who had at least one preventive visit OR were seen at least twice 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.

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years of age

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

**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:**

<b><u>OR</u></b>	<b>Performance Met:</b>	Patient received one-time screening for HCV infection ( <b>G9451</b> )
	<b>Denominator Exception:</b>	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) ( <b>G9452</b> )
	<b><u>OR</u></b>	
	<b>Denominator Exception:</b>	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons) ( <b>G9453</b> )
<b><u>OR</u></b>	<b>Performance Not Met:</b>	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 ( <b>G9454</b> )

### **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).<sup>20</sup> 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)

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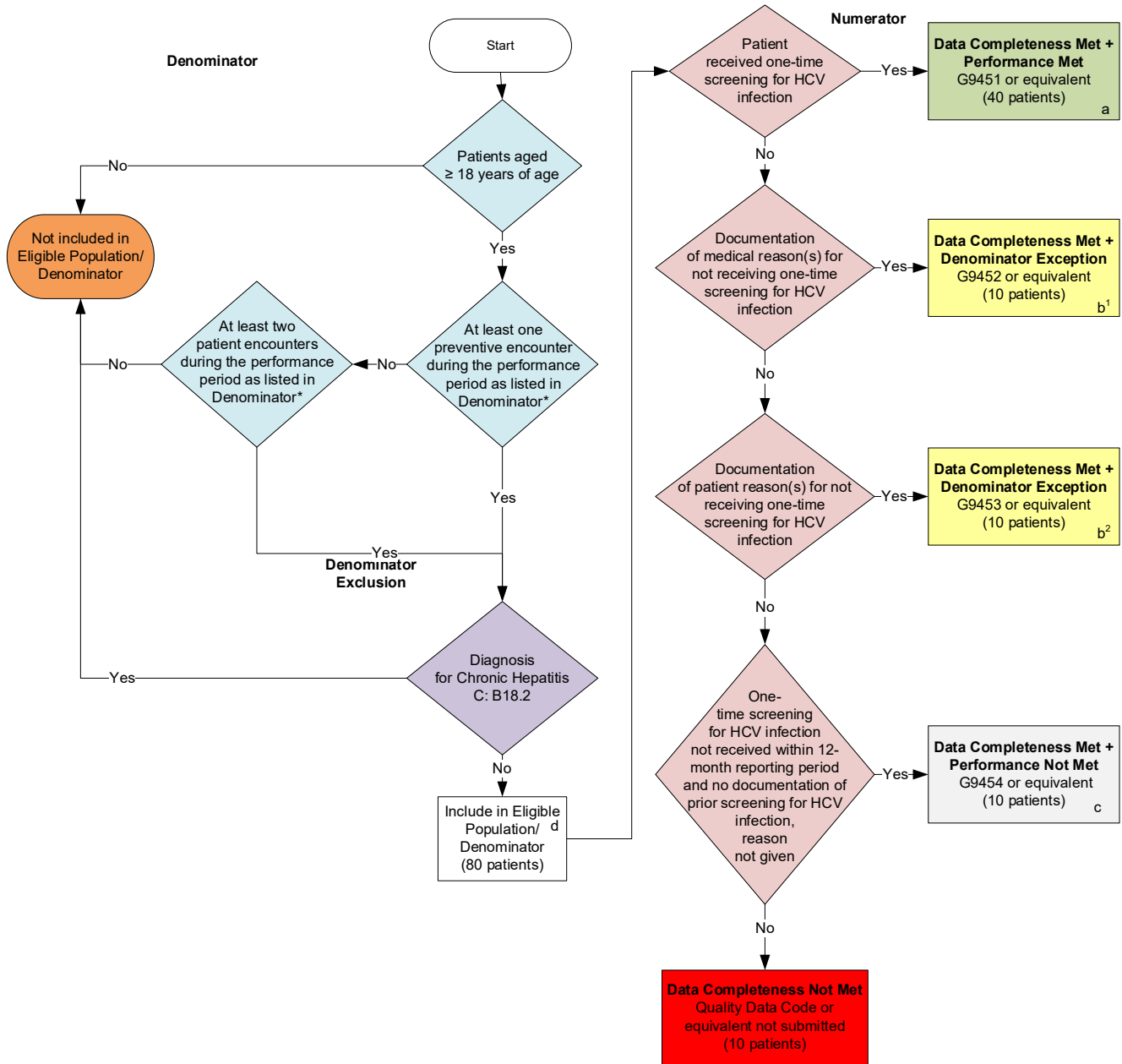
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## 2022 Clinical Quality Measure Flow for Quality ID #400: One-Time Screening for Hepatitis C Virus (HCV) for all Patients

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



SAMPLE CALCULATIONS	
<b>Data Completeness=</b>	
Performance Met (a=40 patients) + Denominator Exception (b <sup>1</sup> +b <sup>2</sup> =20 patients) + Performance Not Met (c=10 patients)	$= \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$
Eligible Population / Denominator (d=80 patients)	
<b>Performance Rate=</b>	
Performance Met (a=40 patients)	$= \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$
Data Completeness Numerator (70 patients) – Denominator Exception (b <sup>1</sup> +b <sup>2</sup> =20 patients)	

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

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**2022 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 *Diagnosis for Chronic Hepatitis C*.
5. Check *Diagnosis for Chronic Hepatitis C*:
  - a. If *Diagnosis for Chronic Hepatitis C* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for Chronic Hepatitis C* equals No, include in *Eligible Population/Denominator*.
6. 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.
7. Start Numerator
8. 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*.
9. 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<sup>1</sup> 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*.
10. 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* 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<sup>2</sup> 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*.
11. 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*.
12. 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<sup>1</sup> plus b<sup>2</sup> 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<sup>1</sup> plus b<sup>2</sup> 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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