

Measure #387: Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:

REGISTRY ONLY

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients, regardless of age, who are active injection drug users who received screening for HCV infection within the 12 month reporting period

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period** for all patients, regardless of age, who are active injection drug users seen during the **performance period**. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

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

***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 registry-based measures.*

Definition:

Active injection drug users - Those who have injected any drug(s) within the past 12 months

Denominator Criteria (Eligible Cases):

Documentation of active injection drug use: G9518

AND

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

WITHOUT

Telehealth Modifier: GQ, GT

OR

At least two patient encounters during the **performance period** (CPT): 99201, 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

WITHOUT

Telehealth Modifier: GQ, GT

AND NOT

DENOMINATOR EXCLUSION:

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

NUMERATOR:

Patients who received screening for HCV infection within the 12 month reporting period

Definition:

Screening for HCV infection – includes HCV antibody test or HCV RNA test

Numerator Options:

Performance Met:

Patient received screening for HCV infection within the 12 month reporting period (G9383)

OR

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)

OR

Denominator Exception:

Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons) (G9385)

OR

Performance Not Met:

Screening for HCV infection not received within the 12 month reporting period, reason not given (G9386)

RATIONALE:

In the United States, an estimated 2.7–3.9 million persons (1.0%–1.5%) are living with hepatitis C virus (HCV) infection, and an estimated 17,000 persons were newly infected in 2010, the most recent year that data are available. With an HCV antibody prevalence of 3.25%, persons born during 1945–1965 account for approximately three fourths of all chronic HCV infections among adults in the United States. Although effective treatments are available to clear HCV infection from the body, most persons with HCV do not know they are infected, do not receive needed care (eg, education, counseling, and medical monitoring), and are not evaluated for treatment. 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. HCV testing is the first step toward improving health outcomes for persons infected with HCV.

CLINICAL RECOMMENDATION STATEMENTS:

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

Annual HCV testing is recommended for persons who inject drugs and for HIV-seropositive men who have unprotected sex with men. Periodic testing should be offered to other persons with ongoing risk factors for exposure to HCV. (Rating: Class IIA, Level C) (AASLD/IDSA, 2016)

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)

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2017 Registry Individual Measure Flow

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



*See the posted Measure Specification for specific coding and instructions to report this measure.

**All encounters should be without the telehealth modifier in order to be denominator eligible.

NOTE: Reporting Frequency - Patient Process

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in conjunction with the measure specifications. They should not be used alone or as a
substitution for the measure specification.

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2017 Registry Individual Measure Flow
#387 Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=5 patients)} + \text{Denominator Exception (b}^1\text{+b}^2\text{=1 patient)} + \text{Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50 \%$$

Performance Rate=

$$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exception (b}^1\text{+b}^2\text{=1 patient)}} = \frac{5 \text{ patients}}{6 \text{ patients}} = 83.33 \%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency - Patient Process

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2017 Registry Individual Measure Flow

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Drug Use:
 - a. If Active Injection Drug User as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Active Injection Drug User as Listed in Denominator equals Yes, proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If At Least One Preventive Encounter as Listed in the Denominator equals No, proceed to Check Encounter Performed.
 - b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to Telehealth Modifier
4. Check Encounter Performed:
 - a. If At Least Two Patient Encounters as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to Check Telehealth Modifier.
5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing
 - b. If Telehealth Modifier equals No, proceed to check Patient Diagnosis.
6. Check Patient Diagnosis:
 - a. If Diagnosis for Chronic Hepatitis as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis for Chronic Hepatitis as Listed in the Denominator equals No, include in the Eligible population.
7. 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 8 patients in the sample calculation.
8. Start Numerator
9. Check Patient Received Screening for HCV Infection Within the 12 Month performance period:
 - a. If Patient Received Screening for HCV Infection Within the 12 Month performance period equals Yes, include in Data Completeness Met and Performance Met.

- b. 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 5 patients in Sample Calculation.
 - c. If Patient Received Screening for HCV Infection Within the 12 Month **performance period** equals No, proceed to check Documentation of Medical Reason(s) for Not Receiving annual Screening for HCV Infection.
10. Check Documentation of Medical Reasons 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 .
 - b. 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 b1 equals 1 patient in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Receiving annual Screening for HCV Infection equals No, proceed to check Documentation of Patient Reasons 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 the Data Completeness Met and Denominator Exception.
 - b. 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 b2 equals 0 patients in the Sample Calculation.
 - c. 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 **performance period**, Reason Not Given.
12. Check Screening for HCV Infection not Received within the 12 Month **performance period**, Reason Not Given:
 - a. If Screening for HCV Infection not Received within the 12 Month **performance period**, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. 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 1 patient in Sample Calculation.
 - c. If Screening for HCV Infection not Received within the 12 Month **performance period**, Reason Not Given equals No, proceed to Data Completeness Not Met.
13. Check Data Completeness Not Met :
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent was not reported. This is represented by 1 patient in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=5 patients) + Denominator Exception (b¹+b²=1 patient) + Performance Not Met (c=1 patient) = 7 patients = **87.50 %**
 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=5 patients) = 5 patients = **83.33 %**
 Data Completeness Numerator (7 patients) – Denominator Exception (b¹+b²=1 patient) = 6 patients