

**Measure #400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk – National Quality Strategy Domain: Effective Clinical Care**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection

**INSTRUCTIONS:**

This measure is to be reported a minimum of **once per performance period** for all patients with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945–1965 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 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 aged 18 years and older who were seen twice for any visit or who had at least one preventive visit within the 12 month reporting period with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945–1965

***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.*

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years

**AND**

At least one preventive encounter during the performance period (CPT or HCPCS): 99385\*, 99386\*, 99387\*, 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**

Patients who were born in the years 1945 to 1965: G9448

OR

History of receiving blood transfusions prior to 1992: G9449

OR

Receiving maintenance hemodialysis (CPT): 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99512\*

OR

History of injection drug use: G9450

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 Options:

*Performance Met:*

Patient received one-time screening for HCV infection (G9451)

OR

*Denominator Exception:*

Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons) (G9452)

OR

*Denominator Exception:*

Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons) (G9453)

OR

*Performance Not Met:*

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 (G9454)

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. 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.

## **CLINICAL RECOMMENDATION STATEMENTS:**

In addition to testing adults of all ages at risk for HCV infection, CDC recommends that:

- Adults born during 1945–1965 should receive one-time testing for HCV without prior ascertainment of HCV risk (Strong Recommendation, Moderate Quality of Evidence), and
- All persons identified with HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HCV infection and related conditions (Strong Recommendation, Moderate Quality of Evidence).

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 (eg, 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 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)

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

One-time HCV testing is recommended for persons born between 1945 and 1965\* without prior ascertainment of risk. (Rating: Class I, Level B) (AASLD/IDSA, 2016)

Other persons should be screened for risk factors for HCV infection, and one-time testing should be performed for all persons with behaviors, exposures, and conditions associated with an increased risk of HCV infection.

#### **1. Risk behaviors**

- a. Injection drug use (current or ever, including those who injected once)*
- b. Intranasal illicit drug use*

#### **2. Risk exposures**

- a. Long-term hemodialysis (ever)*
- b. Getting a tattoo in an unregulated setting*
- c. Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-infected blood*
- d. Children born to HCV-infected women*
- e. Prior recipients of transfusions or organ transplants, including persons who:*

- i. *Were notified that they received blood from a donor who later tested positive for HCV infection*
  - ii. *Received a transfusion of blood or blood components, or underwent an organ transplant before July 1992*
  - iii. *Received clotting factor concentrates produced before 1987*
- f. *Persons who were ever incarcerated*

### 3. *Other*

- a. *HIV infection*
- b. *Unexplained chronic liver disease and/or chronic hepatitis including elevated alanine aminotransferase levels*
- c. *Solid organ donors (deceased and living)*

\*Regardless of country of birth

(Rating: Class I, Level B) (AASLD/IDSA, 2016)

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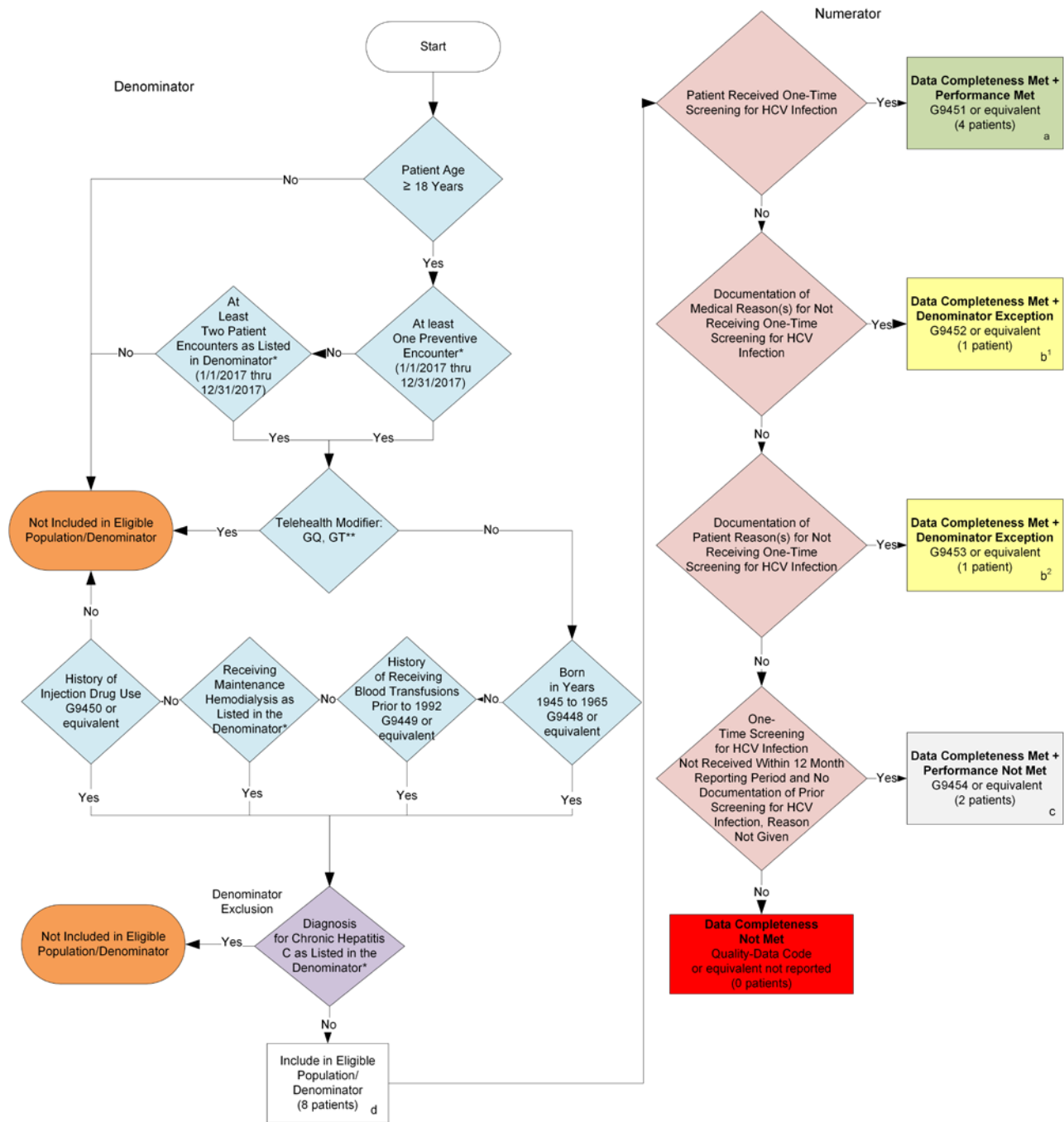
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# **2017 Registry Individual Measure Flow** **#400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk**



\*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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v1

## 2017 Registry Individual Measure Flow

### #400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

#### SAMPLE CALCULATIONS:

**Data Completeness=**

$$\frac{\text{Performance Met (a=4 patients)} + \text{Denominator Exception (b}^1\text{+b}^2\text{=2 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{8 \text{ patients}}{8 \text{ patients}} = 100.00\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (8 patients) – Denominator Exception (b}^1\text{+b}^2\text{=2 patients)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

\*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**  
**#400: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk**

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 Age:
  - a. If Patient Age is equal to or greater than 18 Years equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If Patient Age is equal to or greater than 18 Years equals Yes during the measurement period, proceed to check Patient History.
3. Check Encounter Performed:
  - a. If At Least One Preventive Encounter as listed in the denominator equals No, proceed to check Encounter.
  - b. If At Least One Preventive Encounter as listed in the denominator equals Yes, check 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, 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 History.
6. Check Patient History:
  - a. If Born in Years 1945-1965 or History of Receiving Blood Transfusions Prior to 1992 or Receiving Maintenance Hemodialysis or History of Injection Drug Use equals No, do not include in Eligible Population. Stop Processing.
  - b. If Born in Years 1945-1965 or History of Receiving Blood Transfusions Prior to 1992 or Receiving Maintenance Hemodialysis or History of Injection Drug Use equals Yes, proceed to check Diagnosis for Chronic Hepatitis.
7. Check Diagnosis for Chronic Hepatitis C:
  - a. If Diagnosis for Chronic Hepatitis C equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis for Chronic Hepatitis C equals No, proceed to check Encounter Performed.
8. Check Encounter Performed:
  - a. If Encounter as listed in the denominator equals No, do not include in Eligible Patient Population. Stop processing.
  - b. If Encounter as listed in the denominator equals Yes, include in the Eligible population.

9. 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.
10. Start Numerator
11. 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.
  - 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 4 patients in Sample Calculation.
  - c. If Patient Received One-Time Screening for HCV Injection equals No, proceed to check Documentation of Medical Reason(s) for Not Receiving One-Time Screening for HCV Infection.
12. 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.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in 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 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.
13. 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.
  - 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 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 Not Documentation of Prior Screening for HCV Infection, Reason Not Given.
14. Check One-Time Screening for HCV Infection Not Received Within 12 Month Reporting Period and No Documentation or 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 or Prior Screening for HCV Infection, 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 2 patients in the Sample Calculation.

- c. If One-Time Screening for HCV Infection Not Received Within 12 Month Reporting Period and No Documentation or Prior Screening for HCV Infection, Reason Not Given equals No, proceed to Data Completeness Not Met.

15. Data Completeness Not Met:

- a. If Data Completeness Not Met, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:	
<b>Data Completeness=</b>	
Performance Met (a=4 patients) + Denominator Exception (b <sup>1</sup> +b <sup>2</sup> =2 patients) + Performance Not Met (c=2 patients) = 8 patients	= 100.00%
Eligible Population / Denominator (d=8 patients)	= 8 patients
<b>Performance Rate=</b>	
Performance Met (a=4 patients)	= 4 patients = 66.67%
Data Completeness Numerator (8 patients) – Denominator Exception (b <sup>1</sup> +b <sup>2</sup> =2 patients) =	6 patients