Measure #83: Testing of Patients with Chronic Hepatitis C (HCV) for Hepatitis C Viremia

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed

INSTRUCTIONS:
This measure should be reported on the first visit occurring during the reporting period for all patients with a diagnosis of hepatitis C seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using CPT Category II codes:
ICD-9 diagnosis codes, CPT E/M service codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes and the appropriate CPT Category II code(s) OR the CPT Category II code(s) with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reasons not otherwise specified.

NUMERATOR:
Patients for whom HCV RNA testing was ordered or previously performed

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.

Numerator Coding:
RNA Testing Ordered or Results Documented
(Two CPT II codes [3265F & 1119F] are required on the claim form to submit this category)

CPT II 3265F: Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented
AND
CPT II 1119F: Initial evaluation for condition
OR

RNA Testing not Ordered or Results not Documented for Medical or Patient Reasons
(Two CPT II codes [3265F-xP & 1119F] are required on the claim form to submit this category)

Append a modifier (1P or 2P) to CPT Category II code 3265F to report documented circumstances that appropriately exclude patients from the denominator.

- 3265F *with* 1P: Documentation of medical reason(s) for not ordering or performing RNA testing for HCV
- 3265F *with* 2P: Documentation of patient reason(s) for not ordering or performing RNA testing for HCV

AND
CPT II 1119F: Initial evaluation for condition

OR

If patient is not eligible for this measure because the patient is seen for a subsequent evaluation for condition, report:
(One CPT II code [1121F] is required on the claim form to submit this category)

CPT II 1121F: Subsequent evaluation for condition

OR

RNA Testing not Ordered or Results not Documented, Reason not Specified
(Two CPT II codes [3265F-8P & 1119F] are required on the claim form to submit this category)

Append a reporting modifier (8P) to CPT Category II code 3265F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 3265F *with* 8P: RNA testing for HCV was not ordered or results not documented, reason not otherwise specified

AND
CPT II 1119F: Initial evaluation for condition

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of hepatitis C seen for initial evaluation

Denominator Coding:
An ICD-9 diagnosis code for hepatitis C and a CPT E/M service code are required to identify patients for denominator inclusion.
ICD-9 diagnosis codes: 070.51, 070.54, 070.70
AND
CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

HCV RNA testing is needed to establish and confirm diagnosis of chronic hepatitis C. HCV is an RNA virus of the Flaviviridae family. HCV replicates preferentially in hepatocytes but is not directly cytopathic, leading to persistent infection. During chronic infection, HCV RNA reaches high levels, generally ranging from 10^5 to 10^7 international units (IU)/mL, but the levels can fluctuate widely. However, within the same individual, RNA levels are usually relatively stable. (NIH)

After initial exposure, HCV RNA can be detected in blood within 1 to 3 weeks and is present at the onset of symptoms.

Antibodies to HCV are detected by enzyme immunoassay (EIA) in only 50 to 70 percent of patients at the onset of symptoms, increasing to more than 90 percent after 3 months.

The clinical utility of serial HCV viral levels in a patient is predicated on continued use of the same specific quantitative assay that was used in the initial determination of the viral level. While there is little correlation between disease severity or disease progression with the absolute level of HCV RNA, quantitative determination of the HCV level provides important information on the likelihood of response to treatment in patients undergoing antiviral therapy.

CLINICAL RECOMMENDATION STATEMENTS:

HCV ribonucleic acid (RNA) testing should be performed in:

a. patients with a positive anti-HCV test (Grade II-2);
b. patients for whom antiviral treatment is being considered, using a quantitative assay (Grade II-2);
c. patients with unexplained liver disease whose anti-HCV test is negative and who are immunocompromised or suspected of having acute HCV infection (Grade II-2). (AASLD)

The diagnosis of chronic hepatitis C infection is often suggested by abnormalities in ALT levels and is established by EIA followed by confirmatory determination of HCV RNA. (NIH)