## Measure #84: Initial Hepatitis C RNA Testing

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of treatment

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of chronic hepatitis C seen during the reporting period. This measure is intended to reflect the quality of services provided for patients with chronic hepatitis C who are receiving antiviral treatment. 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, 8P- reasons not otherwise specified.

NUMERATOR:
Patients for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of treatment

*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 Performed within Six Months
*(Two CPT II codes [3218F & 4150F] are required on the claim form to submit this category)*

CPT II 3218F: RNA testing for Hepatitis C documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C
AND
CPT II 4150F: Patient receiving antiviral treatment for Hepatitis C
OR

RNA Testing not Performed within Six Months for Medical Reason
*(Two CPT II codes [3218F-1P & 4150F] are required on the claim form to submit this category)*

Append a modifier (1P) to CPT Category II code 3218F to report documented circumstances that appropriately exclude patients from the denominator.

- 3218F *with* 1P: Documentation of medical reason(s) for not performing RNA testing within six months prior to initiation of antiviral treatment for Hepatitis C

AND
CPT II 4150F: Patient receiving antiviral treatment for Hepatitis C

OR

If patient is not eligible for this measure because patient is not receiving antiviral treatment, report:
*(One CPT II code [4151F] is required on the claim form to submit this category)*

CPT II 4151F: Patient not receiving antiviral treatment for Hepatitis C

OR

RNA Testing not Performed within Six Months, Reason not Specified
*(Two CPT II codes [3218F-8P & 4150F] are required on the claim form to submit this category)*
Append a reporting modifier (8P) to CPT Category II code 3218F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 3218F *with* 8P: RNA testing for Hepatitis C was not documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C, reason not otherwise specified

AND
CPT II 4150F: Patient receiving antiviral treatment for Hepatitis C

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment

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

RATIONALE:
Establish baseline level against which to monitor virologic response and indicate likelihood of response. 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. (NIH)

CLINICAL RECOMMENDATION STATEMENTS:
HCV RNA testing should be performed in patients with a positive anti-HCV test (Grade II-2), patients for whom antiviral treatment is being considered, using a quantitative assay (Grade II-2), patients with unexplained liver disease whose anti-HCV test is negative and patients who are immune compromised or suspected of having acute HCV infection (Grade II-2). AASLD)

All candidates for antiviral therapy should be tested for HCV RNA with a quantitative amplification assay, which provides both a baseline level against which to monitor virologic response and a prognostic indicator of the likelihood of response. AGA)

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)