Measure #87: HCV RNA Testing at Week 12 of Therapy

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 at 12 weeks from the initiation of antiviral 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 and/or G-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 and/or G-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 AND/OR G-code OR the CPT Category II code with the modifier AND G-code. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reasons not otherwise specified.

NUMERATOR:
Patients for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment

> Definition: Patients for whom testing was performed between 11-13 weeks from the initiation of antiviral treatment will meet the numerator for this measure.
>
> *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:
> Hepatitis C Quantitative RNA Testing at 12 weeks
> *(One CPT II code & one G-code [3220F & G8461] are required on the claim form to submit this category)*
>
> CPT II 3220F: Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment
> AND
> G8461: Patient receiving antiviral treatment for Hepatitis C

OR

Hepatitis C Quantitative RNA Testing not Performed at 12 Weeks
(One CPT II code & one G-code [3220F-xP & G8461] are required on the claim form to submit this category)

Append a modifier (1P or 2P) to CPT Category II code 3220F to report documented circumstances that appropriately exclude patients from the denominator.

- 3220F *with* 1P: Documentation of medical reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment
- 3220F *with* 2P: Documentation of patient reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment

AND
G8461: 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 G-code [G8460] is required on the claim form to submit this category)

G8460: Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for Hepatitis C

OR

Hepatitis C Quantitative RNA Testing not Performed at 12 Weeks, Reason not Specified
(One CPT II code & one G-code [3220F-8P & G8461] are required on the claim form to submit this category)

Append a reporting modifier (8P) to CPT Category II code 3220F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 3220F *with* 8P: Hepatitis C quantitative RNA testing was not documented as performed at 12 weeks from initiation of antiviral treatment, reason not otherwise specified

AND
G8461: 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:
Monitor effectiveness of antiviral therapy. An early virologic response (EVR), during the first 12 weeks of therapy, is a valuable clinical milestone. In the absence of an EVR, the likelihood of an SVR is 0–3%. If the only goal of therapy is to achieve an SVR, therapy can be discontinued after 12 weeks if an EVR is not achieved. Potentially, histologic benefit can accrue even in the absence of an SVR; therefore, some authorities treat beyond 12 weeks even in patients who have not achieved an EVR. For documentation of a virologic response at the end of therapy (end-of-treatment response) or an SVR ≥ 6 months after completing therapy, a more sensitive quantitative assay with a lower limit of ≤ 50 IU/mL, if available, or a qualitative HCV RNA assay is recommended.

CLINICAL RECOMMENDATION STATEMENTS:
Baseline and 12-week monitoring of HCV RNA levels should be performed with the same quantitative amplification assay. An early virologic response (EVR), defined as a ≥ 2-$\log_{10}$ reduction in HCV RNA levels during the first 12 weeks of therapy, is a valuable clinical milestone (Category I). (AGA)

Clinical and virologic monitoring during therapy should be conducted at intervals ranging from once a month to once every 3 months. Frequent hematologic monitoring is necessary to identify marked anemia, neutropenia, and thrombocytopenia; monitoring of thyroid stimulating hormone level is indicated to identify hypothyroidism or hyperthyroidism (Category I). (AGA)