

▲Measure #89: Counseling Patients with HCV Regarding Use of Alcohol

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received education regarding the risk of alcohol consumption at least once within the 12-month reporting period

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for 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 **OR** the CPT Category II code **with** the modifier. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:

Patients who received education regarding the risk of alcohol consumption at least once within the 12 month reporting period

Numerator Coding:

Education Regarding Risk of Alcohol Consumption

CPT II 4158F: Patient education regarding risk of alcohol consumption performed

OR

Education Regarding Risk of Alcohol Consumption not Performed, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **4158F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** Patient education regarding risk of alcohol consumption not performed, reason not otherwise specified

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of hepatitis C

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:

Minimize progression of liver disease. Higher levels of alcohol promote the development of progressive liver disease, with strong evidence for the detrimental effects of 30 g/day in men (~ equivalent to 2 beers, 2 glasses of wine, or 2 mixed drinks) and 20 g/day in women. Lower amounts of alcohol also may increase the risk of liver damage associated with HCV (NIH)

CLINICAL RECOMMENDATION STATEMENTS:

Higher levels of alcohol use play an important role in promoting the development of progressive liver disease, with strong evidence for the detrimental effects of 30 g/day in men (~ equivalent to 2 beers, 2 glasses of wine, or 2 mixed drinks) and 20 g/day in women. Lower amounts of alcohol also may increase the risk of liver damage associated with HCV. (NIH)

Abstinence should be recommended before and during antiviral treatment in alcoholic persons, and treatment of alcohol abuse should be linked with efforts to treat hepatitis C in alcoholic patients. A safe level of alcohol consumption in patients with hepatitis C has not been established (Category II-1b). (AGA)