

▲ Measure #83: Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia

2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY

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.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. Do not report this measure via claims.

NUMERATOR:

Patients for whom HCV RNA testing was ordered or previously performed

Numerator Options:

Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (3265F)

AND

Initial evaluation for condition (1119F)

OR

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

OR

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

AND

Initial evaluation for condition (1119F)

OR

Subsequent evaluation for condition (1121F)

OR

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

AND

Initial evaluation for condition (1119F)

DENOMINATOR:

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

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for hepatitis C (ICD-9-CM): 070.51, 070.54, 070.70

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

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)