Measure #401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period

INSTRUCTIONS:
This measure is to be reported a minimum of **once per reporting period** for all patients with a diagnosis of chronic hepatitis C cirrhosis seen during the reporting period. This measure is intended to reflect the quality of services provided for patients with chronic hepatitis C cirrhosis. This measure may be reported by physicians or other qualified healthcare professionals 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-10-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 listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for chronic hepatitis C (ICD-10-CM): B18.2, B19.20, B19.21
AND
Diagnosis for cirrhosis (ICD-10-CM): K70.30, K70.31, K74.60, K74.69
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR:
Patients who underwent abdominal imaging with either ultrasound, contrast enhanced CT or MRI

Numerator Options:

Performance Met:	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC **(G9455)**
OR	
Other Performance Exclusion:	Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: Comorbid medical conditions with expected survival <5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons. Patient reasons: Patient declined or

other patient reasons (e.g., cost of tests, time related to accessing testing equipment) **(G9456)**

OR

Performance Not Met: Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period **(G9457)**

RATIONALE:

HCC (hepatocellular carcinoma) is the fourth most common cancer in the world and is the fastest rising cause of cancer-related deaths in the United States. HCV is the leading cause of HCC and the risk of developing HCC is highest in patients with established HCV cirrhosis.

Several potentially curative treatments are available for patients with early-stage HCC. These include surgical resection, liver transplantation, and local ablation. Long-term survival of patients who have liver resection or transplantation for HCC can be high (40% to 70% for resection and 52% to 81% for transplant patients after 5 years) (Kansagara 2014).

A recent systematic review of 18 nonrandomized studies found that screened patients had early-stage HCC than clinically diagnosed patients. More screened patients received potentially curative treatment. However, these studies were limited by their observational nature (including lead time bias) and thus the effect on overall mortality was unclear. There are no randomized controlled trials that evaluated the impact of HCC screening versus no screening on survival in patients with cirrhosis. A randomized trial of HCC screening is not forthcoming because, even in the absence of high quality data, most informed patients and their clinicians consider randomization unethical and prefer surveillance (Poustchi 2011). In a recent modeling based study (that corrected for lead time bias), US based screening for HCC in compensated HCV cirrhosis patients reduced mortality compared to no screening (Mourad 2014).

Collectively, these data suggest that screening has a potential to produce benefits in the highest-risk patients, such as those with HCV cirrhosis who are good candidates for potentially curative treatment (Atkins AIM 2014).

CLINICAL RECOMMENDATION STATEMENTS:

Patients at high risk for developing HCC, including patients with hepatitis C cirrhosis, should be entered into surveillance programs. (Level II). Surveillance for HCC should be performed using ultrasonography (Level II). Patients should be screened at 6-month intervals (level II) (AASLD, 2011).

HCC surveillance must be continued indefinitely in patients with cirrhosis (A1). Patients with cirrhosis should undergo regular surveillance for HCC, irrespective of SVR (B1) (EASL, 2014)

While current guidelines only specify using ultrasound, evidence suggests that using multiple screening methods, including incorporating the alpha fetoprotein biomarker into surveillance plans, may be more effective in identifying early stages of HCC.

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The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AGA is solely responsible for the review and enhancement ("Maintenance") of the Measures as of June 30, 2014.

AGA encourages use of the Measures by other health care professionals, where appropriate.

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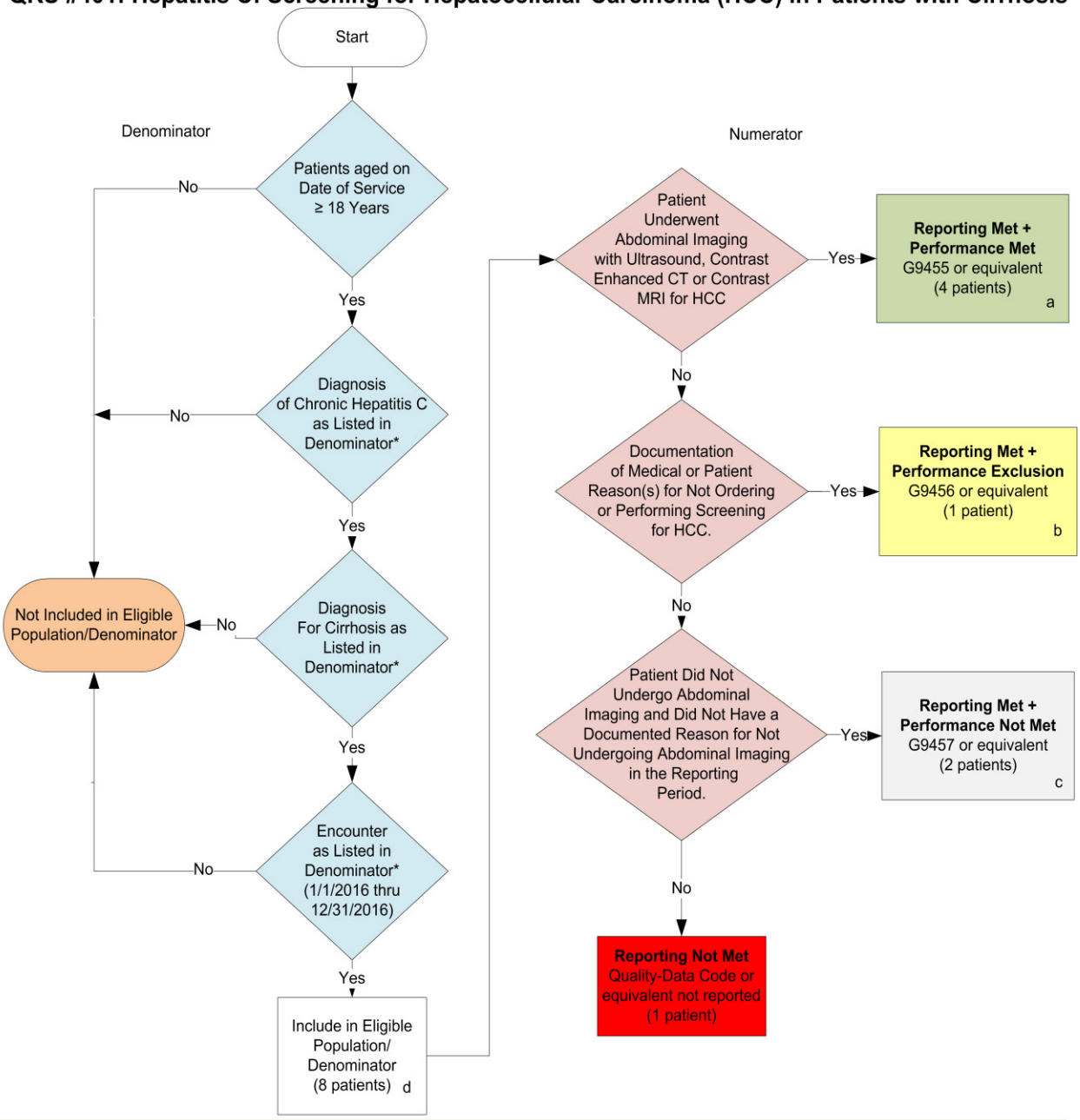
2016 Registry Individual Measure Flow
PQRS #401: Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis



SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusions Met (b= 1patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **57.14%**
Reporting Numerator (7 patients) = 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

v2

2016 Registry Individual Measure Flow
PQRS #401 Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
    a. If the Age is greater than or equal to 18 Years on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
    b. If the Age is greater than or equal to 18 Years on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis Chronic Hepatitis C:
    a. If Diagnosis of Chronic Hepatitis C as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis of Chronic Hepatitis C as Listed in the Denominator equals Yes, proceed to check Patient Diagnosis Cirrhosis.
4. Check Patient Diagnosis Cirrhosis:
    a. If Diagnosis for Cirrhosis as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis for Cirrhosis as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
6. Denominator Population:
    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
7. Start Numerator
8. Check Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC:
    a. If Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC equals Yes, include in Reporting Met and Performance Met.

b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.

c. If Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC equals No, proceed to Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC.

9. Check Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC:

   a. If Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC equals Yes, include in Reporting Met and Performance Exclusion.

   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.

   c. If Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC equals No, proceed to Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period.

10. Check Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period:

    a. If Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period equals Yes, include in reporting met and performance exclusion.

    b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

    c. If Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period equals No, proceed to Reporting Not Met.

11. Check Reporting Not Met:

    a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusions Met (b= 1patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **57.14%**
Reporting Numerator (7 patients) = 7 patients