

Gastric Intestinal Metaplasia (GIM): Treatment of *Helicobacter pylori* and confirmation of eradication

Based on American Gastroenterological Association (AGA) Clinical Practice Guidelines on Management of Gastric Intestinal Metaplasia

DESCRIPTION:

Percentage of patients at least 18 years of age with a diagnosis of gastric intestinal metaplasia (GIM) and coexisting *Helicobacter pylori* (*H. pylori*) infection who have confirmed eradication of *H. pylori* at least 4 weeks after treatment.

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for all patients with a diagnosis of GIM found to have coexisting *H. pylori*. This measure is intended to reflect the quality of services provided for patients with GIM and *H. pylori* who complete *H. pylori* treatment and have confirmed eradication. 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 Claims and MIPS CQM:

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 need to be submitted for claims and may be submitted as MIPS CQMs that utilize claims data.

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of GIM who had a positive *H. pylori* test within the measurement period.

Denominator Criteria (Eligible Cases):

All patients aged 18 years and older

AND

Diagnosis of gastric intestinal metaplasia (ICD-10-CM): K31A0, K31A11, K31A12, K31A13, K31A14, K31A15, K31A19, K31A21, K31A22, K31A29

AND

Patient encounter during the reporting period (CPT): 43239, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND

Diagnosis of *Helicobacter pylori* infection (ICD-10-CM): B96.81

WITH

Helicobacter pylori test (CPT): 43239, 78267, 78268, 83013, 83014, 87338

NUMERATOR:

Patients undergoing *H. pylori* testing at least 4 weeks after completion of *H. pylori* treatment (GXXXX)

Numerator Options:

Performance Met: Documented GIM and positive *H. pylori* test followed by repeat *H. pylori* testing at least 4 weeks after *H. pylori* treatment (GXXXX)

OR

Other Performance Exclusion: Repeat *H. pylori* testing not performed after *H. pylori* treatment for reasons documented by clinician (e.g., patient whose treatment was discontinued, lack of insurance, patient death, patient declined)

OR

Performance Not Met: Post-treatment *H. pylori* testing **not** documented as performed (GXXXX)

RATIONALE:

Gastric cancer is the third leading cause of worldwide cancer death with over 1 million incident cases diagnosed globally¹. Chronic *H. pylori* infection is the primary risk factor for non-cardia gastric cancer and induces inflammatory changes that result in progression from normal mucosa to GIM then dysplasia and gastric adenocarcinoma². *H. pylori* eradication (compared with placebo) in individuals with or without GIM has been associated with a 32% pooled relative risk (RR) reduction in incident gastric cancer risk (RR 0.68, 95% confidence interval [CI] 0.48-0.96)³. Therefore, *H. pylori* eradication may mitigate the risk of progression to gastric cancer.

Prevalence of *H. pylori* antibiotic resistance is increasing⁴. Post-treatment *H. pylori* testing to confirm eradication has been recommended due to a concomitant decline in *H. pylori* eradication rates^{5, 6}. However, multiple studies have shown that post-treatment *H. pylori* testing is not routinely performed⁷⁻⁹. An interval of 4 weeks after antibiotics, bismuth, or proton pump inhibitor therapy has been suggested to mitigate the risk of false negative *H. pylori* tests^{5, 10, 11}.

CLINICAL RECOMMENDATION STATEMENTS:

The AGA recommends *H. pylori* testing followed by eradication over no testing and eradication in patients with GIM¹². With rising *H. pylori* antibiotic resistance and declining eradication rates, confirmation of eradication is necessary to ensure that *H. pylori* treatment is effective. Multiple studies report post-treatment *H. pylori* testing rates < 60%⁷⁻⁹. This quality gap in confirmation of *H. pylori* eradication provides an opportunity to improve the care of patients with GIM and *H. pylori* infection.

References

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