Testing of Patients with Chronic Hepatitis C (HCV) for Hepatitis C Viremia

PQRI Data Collection Sheet

			/ /	🗆 Male 🛛 Female
Patient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender	
National Provider Identifier (NPI)			Date of Service	
Clinical Information			Billing Information	
Step 1 Is patient eligible for this measure?				
	Yes	No	Code Required on Claim Form	
Patient is aged 18 years and older.			Verify date of birth on claim fo	orm.
Patient has a diagnosis of hepatitis C.			Refer to coding specifications document for list of applicable codes.	
There is a CPT E/M Service Code for this visit.				
If No is checked for any of the above, STOP. Do not report a CPT category II code.				
Step 2 Does patient also have the other requirements for this measure?				
	Yes	No	Code to be Reported on Line 24 (or Service Line 24 of Electron	
Is this patient being seen for an initial evaluation for hepatitis C?			If No, report only 1121F and S	TOP.
			If Yes, report 1119F and proce	ed to Step 3.
Step 3 Does patient meet or have an accepta for not meeting the measure?	able reas	son		
HCV Ribonucleic Acid (RNA) Testing	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
Ordered or previously performed			3265F	
Not ordered or previously performed for one of the following reasons:				
 Medical (eg, not indicated, contraindicated, other medical reason) 			3265F–1P	
 Patient (eg, patient declined, economic, social, religious, other patient reason) 			3265F–2P	
Document reason here and in medical chart.			If No is checked for all of the above, report 3265F–8P (RNA testing for HCV was not ordered or results not documented, reason not otherwise specified.)	