

## Initial Hepatitis C RNA Testing

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

<b>Step 1 Is patient eligible for this measure?</b>			<b>Code Required on Claim Form</b>
	Yes	No	
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of chronic hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient also have the other requirements for this measure?</b>			<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
	Yes	No	
Is patient receiving antiviral treatment for hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report only 4151F and STOP. If <b>Yes</b> , report 4150F and proceed to Step 3.
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
	Yes	No	
<b>HCV RNA Testing within 6 Months Prior to Initiation of Antiviral Treatment</b>			
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3218F
Not performed for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3218F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3218F-8P (RNA testing for Hepatitis C was not documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C, reason not otherwise specified.)