

## **HCV RNA Testing at Week 12 of Therapy**

QRI Data Collection Sheet			
			/ / □ Male □ Femal
tient's Name Practice Medical Record Nur	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 form.
Patient has a diagnosis of chronic hepatitis C.			Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.			
No is checked for any of the above, STOP. Do not report a PT category II code or a G-code.			
Step 2 Does patient also have the other requ this measure?	irements	s for	
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is patient receiving antiviral treatment for hepatitis C?			If <b>No,</b> report only G8460 and STOP.
			If Yes, report G8461 and proceed to Step 3.
Step 3 Does patient meet or have an accepta for not meeting the measure?	ible reas	son	
HCV RNA Testing 12 weeks' from the Initiation of Antiviral Treatment	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)
Performed			3220F
Not performed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)			3220F-1P
<ul> <li>Patient (eg, patient delcined, economic, social, religious, other patient reason)</li> </ul>			3220F-2P
Document reason here and in medical chart.			If <b>No</b> is checked for <b>all</b> of the above, report 3220F–8P (Hepatitis C quantitative RNA testing was not documented as performed at 12 weeks from initiation of antiviral treatment, reason not otherwise specified.)

<sup>1</sup>Patients for whom testing was performed between 11–13 weeks from the initiation of antiviral treatment will meet the criteria for this measure.