Counseling of Patients Regarding Use of Contraception Prior to Starting Antiviral Therapy

PQRI Data Collection Sheet

		/ / 🗆 Male 🗆 Femal
tient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) Gender
		Date of Service
		Billing Information
Yes	No	Code Required on Claim Form
		Refer to gender and verify date of birth on claim form.
		Refer to coding specifications document for list of applicable codes.
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 requirements for this measure?		
Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
		If No, report only G8462 and STOP.
		If Yes , report G8463 and proceed to Step 3.
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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)
		4159F
		4159F-1P
		If No is checked for all of the above, report 4159F–8P (Counseling regarding contraception not received prior to initiation of antiviral treatment, reason not otherwise specified.)
	Yes rt a Yes Fes Yes Yes Yes Yes	Yes No Yes No ble reason Yes No