

Hepatitis B Vaccination in Patients with HCV

				/ / □ Male □ Fema
ratient's Name Practic	Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender
lational Provider Identifier (NPI)				Date of Service
Clinical Information				Billing Information
Step 1 Is patient eligible for th	nis measure?			
		Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on	date of encounter.			Verify date of birth on claim form.
Patient has a diagnosis of hepatitis C.				Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as
There is a CPT Code for this visit.				
If No is checked for any of the above, STOP. Do not report a CPT category II code.				the quality code(s) identified below.
Step 2 Does patient meet or h	•	ble reas	on	
for not meeting the me	asure?			
				Onde to be Demonted on Line OAD of Demon Oleim Form
Hepatitis B Vaccine		Yes	No	if Yes (or Service Line 24 of Electronic Claim Form)
Hepatitis B Vaccine Received		Yes	No 🗆	
·			1	if Yes (or Service Line 24 of Electronic Claim Form)
Received	easons:			if Yes (or Service Line 24 of Electronic Claim Form) 4149F
Received Documented immunity				if Yes (or Service Line 24 of Electronic Claim Form) 4149F
Received Documented immunity Not received for one of the following re Medical (eg, not indicated, contrained)	dicated,			4149F 3216F