Ribonucleic Acid (RNA) Testing Before Initiating Treatment

Physician Quality Reporting System Data Collection	ction Sh	eet		
			/ / Male Female	
ent'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 on date of encounter.			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. 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 repo a CPT category II code.	ort		the quality code(s) identified below.	
Step 2 Does patient also have the other requ for this measure?	irements	\$		
	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 No, report only 4151F and STOP.	
			If Yes, report 4150F and proceed to Step 3.	
Step 3 Does patient meet or have an accepta for not meeting the measure?	ble reas	son		
HCV RNA Testing within 6 Months Prior to 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			3218F	
Not performed for the following reason:				
 Medical (eg, patient is first seen by physician after initiation of treatment, not indicated, contraindicated, other medical reason) 			3218F-1P	
Document reason here and in medical chart.			If No is checked for all 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.	