Hepatitis C

Antiviral Treatment Prescribed

Physician Quality Reporting System Data Collection Sheet

Patient's Name   Practice Medical Record Number (MRN)   /   /   Birth Date (mm/dd/yyyy)   ☐ Male   ☐ Female   Gender

National Provider Identifier (NPI)   Date of Service

Clinical Information

Step 1   Is patient eligible for this measure?

	Yes	No
Patient is aged 18 years and older on date of encounter.	☐	☐
Patient has a diagnosis of hepatitis C.	☐	☐
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.

Step 2   Does patient meet or have an acceptable reason for not meeting the measure?

Combination Peginterferon and Ribavirin Therapy	Yes	No
Prescribed[1]	☐	☐
Not prescribed for one of the followng reasons:		
• Medical reasons (eg, patient was not a candidate for therapy, could not tolerate, not indicated, contraindicated, other medical reason)	☐	☐
• Patient (eg, patient declined, economic, social, religious,other patient reason)	☐	☐
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	☐	☐

Document reason here and in medical chart.

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Billing Information

Step 1

Code Required on Claim Form

Verify date of birth on claim form.

Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.

Step 2

Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)

4153F

4153F–1P

4153F–2P

4153F–3P

If **No** is checked for **all** of the above, report 4153–8P
(Combination peginterferon and ribavirin therapy was not prescribed, reason not otherwise specified.)

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[1]Prescribed — May include prescription given to the patient for peginterferon and ribavirin therapy at one or more visits in the 12-month period OR patient already taking peginterferon and ribavirin therapy as documented in current medication list.