

Counseling Regarding Use of Contraception Prior to Antiviral Therapy

Physician Quality Reporting System Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
If male, patient is aged 18 years and older on date of encounter. If female, patient is aged 18 through 44 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender and verify date of birth on claim form.
Patient has a diagnosis of chronic hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	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.
If No is checked for any of the above, STOP. Do not report a CPT category II code or a G-code.			
Step 2 Does patient also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is patient receiving antiviral treatment for hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	If No , report only G8462 and STOP. If Yes , report G8463 and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Counseling Regarding Use of Contraception Prior to Antiviral Therapy			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Received	<input type="checkbox"/>	<input type="checkbox"/>	4159F
Not received for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	
Document reason here and in medical chart. _____ _____			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.)