

Hepatitis B Vaccination in Patients with HCV

Coding Specifications

Codes required to document patient has hepatitis C and a visit occurred:

A line item ICD-9-CM diagnosis code for hepatitis C and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Hepatitis C line item ICD-9-CM diagnosis codes

- 070.51 (acute hepatitis C without mention of hepatic coma),
- 070.54 (chronic hepatitis C without hepatic coma),
- 070.70 (unspecified viral hepatitis C without hepatic coma)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 4149F:** Hepatitis B vaccine injection administered or previously received
- **CPT II 3216F:** Patient has documented immunity to Hepatitis B
- **CPT II 4149F-1P:** Documentation of medical reason(s) for not administering at least one injection of hepatitis B vaccine
- **CPT II 4149F-2P:** Documentation of patient reason(s) for not administering at least one injection of hepatitis B vaccine
- **CPT II 4149F-8P:** Hepatitis B Vaccine not received, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

Measures are subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND

© 2007 American Medical Association. All Rights Reserved

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

THE SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

CPT® contained in the Measures specifications is copyright 2007 American Medical Association.

PQRI 2009 Measure 184, Effective Date 01/01/2009
© 2007 American Medical Association. All Rights Reserved.
CPT® copyright 2008 American Medical Association