

Antiviral Treatment Prescribed

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

070.54 (chronic 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),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure:

CPT II Code descriptors

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

- **CPT II 4153F:** Combination peginterferon and ribavirin therapy prescribed
- **CPT II 4153F-1P:** Documentation of medical reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient was not a candidate for therapy, could not tolerate).
- **CPT II 4153F-2P:** Documentation of patient reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient declined).
- **CPT II 4153F-3P:** Documentation of system reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient has no insurance coverage, therapy not covered).
- **CPT II 4153F-8P:** Combination peginterferon and ribavirin therapy was not prescribed, reason not otherwise specified

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