

## HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment

### 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 and G-code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **G8460:** Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for Hepatitis C
- **G8461:** Patient receiving antiviral treatment for Hepatitis C
- **CPT II 3220F:** Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment
- **CPT II 3220F-1P:** Documentation of medical reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment
- **CPT II 3220F-2P:** Documentation of patient reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment
- **CPT II 3220F-8P:** Hepatitis C quantitative RNA testing was not documented as performed at 12 weeks from initiation of antiviral treatment, reason not otherwise specified

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