

Hepatitis A Vaccination in Patients with HCV

PQRI 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?																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black;">Patient is aged 18 years and older on date of encounter.</td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td rowspan="3" style="border: 1px solid black; vertical-align: top; padding: 5px;">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.</td> </tr> <tr> <td style="border: 1px solid black;">Patient has a line item diagnosis of hepatitis C.</td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border: 1px solid black;">There is a CPT E/M Service Code for this visit.</td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">If No is checked for any of the above, STOP. Do not report a CPT category II code.</p>		Yes	No		Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	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.	Patient has a line item diagnosis of hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>				
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Step 2 Does patient meet or have an acceptable reason for not meeting the measure?																		
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