

Testing for Chronic Hepatitis C — Confirmation of Hepatitis C Viremia

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?			Code Required on Claim Form
	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.
Patient has a line item diagnosis of hepatitis C.	<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.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II 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 this patient being seen for an initial evaluation for hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	If No , report only 1121F and STOP. If Yes , report 1119F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
HCV Ribonucleic Acid (RNA) Testing	Yes	No	
Ordered or previously performed	<input type="checkbox"/>	<input type="checkbox"/>	3265F
Not ordered or previously performed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3265F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3265F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3265F-8P (RNA testing for HCV was not ordered or results not documented, reason not otherwise specified.)