Ribonucleic Acid (RNA) Testing Before Initiating Treatment

PQRI Data Collection Sheet				
			/ / □ Male □ Female	
atient's Name Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender	
lational Provider Identifier (NPI)			Date of Service	
Clinical Information			Billing Information	
Step 1 Is patient eligible for this measure?				
	Yes	No	Code Required on Claim Form	
Patient is aged 18 years and older on date of encounter.			Verify date of birth on claim form.	
Patient has a line item diagnosis of chronic hepatitis C.			Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as	
There is a CPT E/M Service Code for this visit.				
If No is checked for any of the above, STOP. Do not report a CPT category II code.	rt		the quality code(s) identified below.	
Step 2 Does patient also have the other requi for this measure?	rements	5		
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)	
Is patient receiving antiviral treatment for hepatitis C?			If No , report only 4151F and STOP.	
			If Yes, report 4150F and proceed to Step 3.	
Step 3 Does patient meet or have an accepta for not meeting the measure?	ble reas	on		
HCV RNA Testing within 6 Months Prior to Initiation of Antiviral Treatment	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
Performed			3218F	
Not performed for the following reason:				
 Medical (eg, not indicated, contraindicated, other medical reason) 			3218F-1P	
Document reason here and in medical chart.			If No is checked for all of the above, report 3218F–8P (RNA testing for Hepatitis C was not documented as performed within six months prior to initiation of antivira treatment for Hepatitis C, reason not otherwise specified.)	