

Antiviral Treatment Prescribed

				/ / □ Male □ Fema
atient's Name Practice Med	Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender
ational Provider Identifier (NPI)				Date of Service
Clinical Information				Billing Information
Step 1 Is patient eligible for this n	neasure?			
		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 hepatiti	s 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 vi	sit.			
If ${f No}$ is checked for any of the above, STOF a CPT category II code.	?. Do not repor	t		the quality code(s) identified below.
Step 2 Does patient meet or have for not meeting the measur	-	ole reas	on	
Combination Peginterferon and Ribavirin The	eranv	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)
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_				4153F
Prescribed ¹				,
Prescribed ¹ Not prescribed for one of the followng reason	ons:			
Prescribed ¹ Not prescribed for one of the followng reason Medical (eg, not indicated, contraindicated medical reason)	ons: ed, other			4153F
Prescribed ¹ Not prescribed for one of the followng reason • Medical (eg, not indicated, contraindicated medical reason) • Patient (eg, patient declined, economic, seconomic, seconomi	ons: ed, other social,			4153F 4153F–1P

¹"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.