

Hepatitis C Measures Group

PQRI Data Collection Sheet*

Male Female

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)
National Provider Identifier (NPI)		Date of Encounter

Step 1 Preliminary reporting requirements

You must identify your intent to report the Hepatitis C Measures Group by submitting the measures group-specific G-code on the first patient claim (G8545: I intend to report the Hepatitis C Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

*(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)*

	Yes	No	
Patient is aged 18 and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.
Patient has a line item diagnosis of chronic hepatitis C.	<input type="checkbox"/>	<input type="checkbox"/>	070.54
There is a CPT Code for an office visit (including new and established patients).	<input type="checkbox"/>	<input type="checkbox"/>	99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code.

Step 3 Complete individual measures

Ribonucleic Acid (RNA) Testing Before Initiating Treatment		Report two codes for RNA testing within six months and antiviral treatment OR one code for patient not receiving treatment OR two codes for RNA testing NOT performed within six months.	
PQRI Measure #84 • reporting frequency: RNA testing must be performed within six months prior to the initiation of antiviral treatment for the reporting year	Ribonucleic Acid (RNA) Testing	RNA testing for Hepatitis C documented as performed within six months prior to initiation of antiviral treatment for Hepatitis C AND patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3218F AND 4150F
		Documentation of medical reason(s) for not performing RNA testing within six months prior to initiation of antiviral treatment for Hepatitis C (eg, if patient is first seen by physician after initiation of treatment) AND Patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3218-1P AND 4150F
		OR (Report one of the following options)	
		Patient not receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 4151F
		RNA Testing NOT Performed within Six Months	<input type="checkbox"/> 3218F-8P AND 4150F

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*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

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HCV Genotype Testing Prior to Treatment		Report two codes for Hepatitis C genotype testing OR one code patient not receiving treatment OR one code for NOT performed.	
PQRI Measure #85 • reporting frequency: HCV genotype testing must be performed a minimum of once during the reporting period	Genotype Testing	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C AND Clinician documented that patient is receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3266F AND G8459
		OR	
		Clinician documented that patient is not an eligible candidate for genotype testing; patient not receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> G8458
		Hepatitis C genotype testing was not documented as performed prior to initiation of antiviral treatment for Hepatitis C AND Clinician documented that patient is receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3266F-8P AND G8459
Antiviral Treatment Prescribed		Report one code for Peginterferon and Ribavirin therapy OR one code for Peginterferon and Ribavirin Therapy NOT Prescribed.	
PQRI Measure #86 • reporting frequency: Combination peginterferon and ribavirin therapy must be prescribed ¹ within the reporting year		Combination peginterferon and ribavirin therapy prescribed	<input type="checkbox"/> 4153F
		Documentation of medical reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient was not a candidate for therapy, could not tolerate)	<input type="checkbox"/> 4153F-1P
		Documentation of patient reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient declined)	<input type="checkbox"/> 4153F-2P
		Documentation of system reason(s) for not prescribing peginterferon and ribavirin therapy within 12 month reporting period (eg, patient has no insurance coverage, therapy not covered)	<input type="checkbox"/> 4153F-3P
	OR		Combination peginterferon and ribavirin therapy was not prescribed

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¹May include prescription given to the patient for peginterferon and ribavirin therapy at one or more visits in the 12-month period OR patient already taking peginterferon and ribavirin therapy as documented in current medication list.

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HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment		Report two codes for RNA testing performed OR one code for patient not eligible for OR two codes for NOT performed.	
PQR Measure #87 • reporting frequency: Hepatitis C quantitative RNA testing must be performed at 12 weeks from initiation of antiviral treatment for Hepatitis C for the reporting year	HCV Ribonucleic Acid (RNA) Testing	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment AND Patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3220F AND G8461
		Documentation of medical reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment AND Patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3220F-1P AND G8461
		Documentation of patient reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment AND Patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3220F-2P AND G8461
		OR (Report one of the following options)	
		Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> G8460
		Hepatitis C quantitative RNA testing was not documented as performed at 12 weeks from initiation of antiviral treatment, reason not otherwise specified AND Patient receiving antiviral treatment for Hepatitis C	<input type="checkbox"/> 3220F-8P AND G8461
Counseling Regarding Risk of Alcohol Consumption		Report one code for counseling OR NOT performed.	
PQR Measure #89 • reporting frequency: Counseling ² must be documented and reported a minimum of once during the reporting period	Counseling	Patient counseled ² about risks of alcohol use	<input type="checkbox"/> 4158F
		OR	
		Counseling about risks of alcohol use NOT performed	<input type="checkbox"/> 4158F-8P

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²May include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake.

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<p><i>(The following measure applies only to female patients aged 18 through 44 years and all men aged 18 years and older)</i> Counseling Regarding Use of Contraception Prior to Antiviral Therapy</p>		<p>Report two codes for counseling performed OR one code for patient not receiving antiviral treatment or counseling.</p>	
<p>PQRI Measure #90</p> <ul style="list-style-type: none"> reporting frequency: Counseling must be documented and reported a minimum of once during the reporting period 		<p>Counseling regarding contraception received prior to initiation of antiviral AND Patient receiving antiviral treatment for Hepatitis C documented</p>	<input type="checkbox"/> 4159F AND G8463
		<p>Documentation of medical reason(s) for not counseling patient regarding contraception AND Patient receiving antiviral treatment for Hepatitis C documented</p>	<input type="checkbox"/> 4159F-1P AND G8463
		<p>OR <i>(Report one of the following options)</i></p>	
		<p>Clinician documented that patient is not an eligible candidate for counseling regarding contraception prior to antiviral treatment; patient not receiving antiviral treatment for Hepatitis C</p>	<input type="checkbox"/> G8462
		<p>Counseling Regarding Contraception NOT Received AND Patient receiving antiviral treatment for Hepatitis C documented</p>	<input type="checkbox"/> 4159F-8P AND G8463
<p>Hepatitis A Vaccination in Patients with HCV</p>		<p>Report one of the following Hepatitis A Vaccination codes OR NOT received.</p>	
<p>PQRI Measure #183</p> <ul style="list-style-type: none"> reporting frequency: Hepatitis A Vaccination must be reported a minimum of once during the calendar year 	<p>Hepatitis A Vaccination</p>	<p>Hepatitis A vaccine injection administered or previously received</p>	<input type="checkbox"/> 4148F
		<p>Patient has documented immunity to Hepatitis A</p>	<input type="checkbox"/> 3215F
		<p>Documentation of medical reason(s) for not administering at least one injection of hepatitis A vaccine</p>	<input type="checkbox"/> 4148F-1P
		<p>Documentation of patient reason(s) for not administering at least one injection of hepatitis A vaccine</p>	<input type="checkbox"/> 4148F-2P
		<p>OR</p>	
		<p>Hepatitis A Vaccine Injection not Received</p>	<input type="checkbox"/> 4148F-8P

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Hepatitis B Vaccination in Patients with HCV		Report one of the following Hepatitis B codes OR NOT received.	
PQRI Measure #184 • reporting frequency: Hepatitis B vaccine must be reported a minimum of once during the calendar year	Hepatitis B Vaccination	Hepatitis B vaccine injection administered or previously received	<input type="checkbox"/> 4149F
		Patient has documented immunity to Hepatitis B	<input type="checkbox"/> 3216F
		Documentation of medical reason(s) for not administering at least one injection of hepatitis B vaccine	<input type="checkbox"/> 4149F-1P
		Documentation of patient reason(s) for not administering at least one injection of Hepatitis B vaccine	<input type="checkbox"/> 4149F-2P
		OR	
		Hepatitis B Vaccine NOT received	<input type="checkbox"/> 4149F-8P

Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II code(s) as selected above for each of the eight measures in the Hepatitis C Measures Group

OR

2. If **all** quality actions for the patient have been performed for each of the eight measures in the Hepatitis C Measures Group, **G8549** may be reported. *Note: If any of the following codes have been selected from above, G8549 is not appropriate for this patient: 4151F, G8460, G8462 or any CPT category II code with the 8P modifier.*