

Hepatitis B 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?			
	Yes	No	Code Required on Claim Form
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 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 meet or have an acceptable reason for not meeting the measure?			
Hepatitis B Vaccine	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Received	<input type="checkbox"/>	<input type="checkbox"/>	4149F
Documented immunity	<input type="checkbox"/>	<input type="checkbox"/>	3216F
Not received for one of the following reasons:			
<ul style="list-style-type: none"> • Medical (eg, not indicated, contraindicated, other medical reason) 	<input type="checkbox"/>	<input type="checkbox"/>	4149F-1P
<ul style="list-style-type: none"> • Patient (eg, patient declined, economic, social, religious, other patient reason) 	<input type="checkbox"/>	<input type="checkbox"/>	4149F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4149F-8P (Hepatitis B Vaccine not received, reason not otherwise specified.)