Ribonucleic Acid (RNA) Testing Before Initiating Treatment

PQRI Data Collection Sheet

			/ /	🗆 Male 🛛 Female
Patient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender	
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.			Verify date of birth on claim fo	ırm.
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 Code for this visit.				
If No is checked for any of the above, STOP. Do not report a CPT category II code.			the quality code(s) identified below.	
Step 2 Does patient also have the other requirements for this measure?				
	Yes	No	Code to be Reported on Line 24 (or Service Line 24 of Electroni	
Is patient receiving antiviral treatment for hepatitis C?			If No, report only 4151F and ST	ГОР.
			If Yes, report 4150F and proce	ed to Step 3.
Step 3 Does patient meet or have an accepta for not meeting the measure?	ble reas	son		
HCV RNA Testing within 6 Months Prior to Initiation of Antiviral Treatment	Yes	No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of Ele	•
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 antiviral treatment for Hepatitis C, reason not otherwise specified.)	