HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment

Coding Specifications

Codes required to document patient has hepatitis C and a visit occurred:

A line item ICD-9-CM diagnosis code for hepatitis C and a CPT code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Hepatitis C line item ICD-9-CM diagnosis codes

■ 070.54 (chronic hepatitis C without hepatic coma)

AND

CPT codes

- **99201, 99202, 99203, 99204, 99205**
- 99212, 99213, 99214, 99215

Quality codes for this measure:

CPT II Code and G-code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- *G8460*: Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for Hepatitis C
- **G8461:** Patient receiving antiviral treatment for Hepatitis C
- *CPT II 3220F*: Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment
- *CPT II 3220F-1P:* Documentation of medical reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment
- *CPT II 3220F-2P*: Documentation of patient reason(s) for not performing quantitative HCV RNA at 12 weeks from initiation of antiviral treatment
- *CPT II 3220F-8P*: Hepatitis C quantitative RNA testing was not documented as performed at 12 weeks from initiation of antiviral treatment, reason not otherwise specified

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