



## HCV New Patient Checklist

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Enrollment Form filled out and signed *(include your contact information i.e. Direct line, email, etc.)*
- Patient Demographic page along with a copy of patient insurance card and prescription coverage *(Front and Back)*
- Most Recent Chart Notes and Medication List
- All Lab results *(see below for which labs are needed)*
- Consent form indicating that patient commits to the documented planned course of treatment.

### Labs needed prior to ordering HCV medications

Test	Date Range	LabCorp Code	Quest Code
Illicit Drug/ETOH Screen	30 Days <small>(Medicaid only)</small>	700887	30463 / 2130
Pregnancy Urine	30 Days <small>(Medicaid only)</small>	004036	396
HCV Genotype	90 days	550475	37811
HCV RNA Quantitative	90 Days	551300 or 550080	35645
HIV 1 & 2 Antibodies	3 years	083935	91431
FibroSURE/FibroTest	90 days	550123	92688
CBC	90 days	28142	6399
CMP	90 days	322000	10231

All patients beginning HCV treatment using a DAA should be assessed for HBV. Cases of HBV reactivation during or after DAA therapy for HCV have been reported in HBV/ HCV co-infected patients.

Hepatitis B Panel	90 Days	058545	94333 / 7105
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