



HCV New Patient Checklist

Patient Name: _____ Date: _____

- ePrescribe (if 340b) **-AND-** TFP 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
- Consent form indicating that patient commits to the documented planned course of treatment
- All Lab results (*see below for which labs are needed*)

Labs needed prior to ordering HCV medications

Test	Date Range	LabCorp Code	Quest Code
Illicit Drug/ETOH Screen	30 Days (Medicaid only)	700887	30463 / 2130
Pregnancy Urine	30 Days (Medicaid only)	004036	396
HCV Genotype	90 days	550475	37811
HCV RNA Quantitative	90 Days	551300 or 550080	35645
HIV 1 & 2 Ab (Medicaid only)	3 years	083955	91431
FibroSURE/FibroTest	90 days	550123	92688
CBC	90 days	05009	6399
CMP	90 days	322000	10231
Hep B Panel (Medicaid only)	90 Days	058545	94333 / 7105

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.

***Please sign and return completed checklist once complete.**

Signature: _____

Print Name: _____

TFP Wellness Systems
2919 W. Swann Ave. Suite
101 Tampa, FL 33609

Phone: 813-868-4799
Fax: 813-877-2479
Email: yourteam@tfpspecialty.com
TFPwellnessSystems.com

