

Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients

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		
Any male patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Code Required on Claim Form
Patient has a diagnosis of prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code for interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy.	<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 also have the other requirements for this measure?			
Yes	No		
Is the patient at low risk of recurrence for prostate cancer [ie, PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a]?	<input type="checkbox"/>	<input type="checkbox"/>	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
			If No [ie, patient is at intermediate risk of recurrence for prostate cancer (PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk)], report 3272F and STOP.
			If No [ie, patient is at high risk of recurrence for prostate cancer (PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk)], report 3273F and STOP.
			If Yes (ie, patient is at low risk of recurrence for prostate cancer), report 3271F and proceed to Step 3.
			If prostate cancer risk of recurrence not determined or neither low, intermediate nor high, report 3274F and STOP.

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Bone Scan (prior to initiation of treatment or at any time since diagnosis of prostate cancer)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Not performed	<input type="checkbox"/>	<input type="checkbox"/>	3270F
Performed for one of the following reasons:			
• Medical reasons (including documented pain, salvage therapy, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3269F-1P
• System reasons (including bone scan ordered by someone other than reporting physician)	<input type="checkbox"/>	<input type="checkbox"/>	3269F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3269F (Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer.)