

Review of Treatment Options in Patients with Clinically Localized Prostate Cancer

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?			Code Required on Claim Form
	Yes	No	
Any male patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites).	<input type="checkbox"/>	<input type="checkbox"/>	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 meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Counseling on Treatment Options for Clinically Localized Prostate Cancer Prior to Initiation of Treatment (including, at a minimum: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy)	Yes	No	
Provided	<input type="checkbox"/>	<input type="checkbox"/>	4163F
Not provided for the following reason: • Medical (ie, salvage therapy)	<input type="checkbox"/>	<input type="checkbox"/>	4163F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4163F-8P (Patient was not provided counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, reason not otherwise specified.)