

Adjuvant Hormonal Therapy for High-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	Code Required on Claim Form
Any male patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has a diagnosis of prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT Procedure Code for external beam radiotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code or a G-code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient is at high risk of recurrence for prostate cancer [ie, PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk]?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If No [ie, patient risk of recurrence is not determined OR patient is at low risk (PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a) or intermediate risk (PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk) of recurrence for prostate cancer], report only G8464 and STOP.</p> <p>If Yes (ie, patient is at high risk of recurrence for prostate cancer), report G8465 and proceed to Step 3.</p>

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Adjuvant¹ Hormonal Therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed or Administered	<input type="checkbox"/>	<input type="checkbox"/>	4164F
Not prescribed or administered for one of the following reasons:			
• Medical reasons (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4164F-1P
• Patient reasons (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4164F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4164F-8P (Patients who were not prescribed/administered adjuvant [ie, in combination with external beam radiotherapy for prostate cancer] hormonal therapy [GnRH agonist or antagonist], reason not otherwise specified.)

¹ie, In combination with external beam radiotherapy to the prostate for prostate cancer