

Plan for Chemotherapy Documented Before Chemotherapy Administered

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 patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of breast, colon, or rectal cancer.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit and a CPT Procedure Code for chemotherapy administration.	<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 the measure?			
Planned Chemotherapy Regimen, Including at a Minimum: Drug(s) Prescribed, Dose, and Duration	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented, prior to initiation of a new treatment regimen	<input type="checkbox"/>	<input type="checkbox"/>	0519F
			If No is checked for the above, report 0519F-8P (ie, Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, not documented prior to initiation of a new treatment regimen)