

Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

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		
Patient is aged 18 through 70 years.	<input type="checkbox"/>	<input type="checkbox"/>	Code Required on Claim Form
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of invasive breast cancer. ¹	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a G-code.			Refer to coding specifications document for list of applicable codes.
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Radiation Therapy²	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Recommended	<input type="checkbox"/>	<input type="checkbox"/>	G8379
Not recommended for the following reason: • Documented reasons (eg, clinician documentation that patient was not an eligible candidate for radiation therapy)	<input type="checkbox"/>	<input type="checkbox"/>	G8378
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8383 (No documentation or radiation therapy recommended within 12 months of first office visit.)

¹At the time of the initial visit.

²The numerator code should be reported at the time of radiation therapy services. Radiation therapy may include external beam radiation or brachytherapy.