

Baseline Flow Cytometry

*This measure is to be reported for all patients aged 18 years and older with chronic lymphocytic leukemia (CLL) — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed

What will you need to report for each patient with chronic lymphocytic leukemia for this measure?

If you select this measure for reporting, you will report:

- Whether or not you performed baseline flow cytometry studies¹ (regardless of when the baseline testing was performed)

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to perform baseline flow cytometry studies, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Baseline flow cytometry studies refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include anti-neoplastic therapy.

Chronic Lymphocytic Leukemia (CLL)

Baseline Flow Cytometry

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of CLL.	<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.	<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?			
Baseline Flow Cytometry Studies¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3170F
Not performed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3170F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3170F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3170F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3170F-8P (Flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has chronic lymphocytic leukemia and a visit occurred:

An ICD-9 diagnosis code for chronic lymphocytic leukemia and a CPT E/M service code are required to identify patients to be included in this measure.

Chronic lymphocytic leukemia ICD-9 diagnosis code

- 204.10 (chronic lymphocytic leukemia)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3170F:** Flow cytometry studies performed at time of diagnosis or prior to initiating treatment
- **CPT II 3170F-1P:** Documentation of medical reason(s) for not performing baseline flow cytometry studies
- **CPT II 3170F-2P:** Documentation of patient reason(s) for not performing baseline flow cytometry studies
- **CPT II 3170F-3P:** Documentation of system reason(s) for not performing baseline flow cytometry studies
- **CPT II 3170F-8P:** Flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified

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