

Appropriate Initial Evaluation of Patients with 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.	<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)
Evaluation of Prostate-Specific Antigen (PSA), AND Primary Tumor (T) Stage, AND Gleason Score Prior to Initiation of Treatment			
Documented	<input type="checkbox"/>	<input type="checkbox"/>	3268F
Not documented for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3268F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3268F-8P (Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score not documented prior to initiation of treatment, reason not otherwise specified.)