

Three-dimensional Radiotherapy for 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 without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites)	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
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.			
Step 2 Does patient also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is the patient receiving external beam radiotherapy to prostate only?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, external beam radiotherapy for prostate cancer to region(s) other than prostate only), report only 4201F and STOP. If Yes , report 4200F and proceed to Step 3.
Step 3 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Three-Dimensional Conformal Radiotherapy (3D-CRT) or Intensity Modulated Radiation Therapy (IMRT)	Yes	No	
Received	<input type="checkbox"/>	<input type="checkbox"/>	4165F If No is checked for the above, report 4165F-8P (Patients who did not receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT), reason not otherwise specified.)