

Adoption/Use of e-Prescribing

PQRI Data Collection Sheet

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|------------------------------------|--------------------------------------|-----------------------------|--|
| 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 | |
| Patient is aged 18 years and older. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| There is a CPT E/M Service Code or G-code for this visit. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. |
| If No is checked for any of the above, STOP. Do not report a G-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) |
| Patient Prescription | Yes | No | |
| Generated using qualified e-Prescribing system ¹ | <input type="checkbox"/> | <input type="checkbox"/> | G8443 |
| Not generated using qualified e-Prescribing system for one of the following reasons: | | | |
| • No prescriptions were generated during the encounter | <input type="checkbox"/> | <input type="checkbox"/> | G8445 |
| • System/Patient (ie, some or all of the prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request or qualified e-Prescribing system being temporarily inoperable) | <input type="checkbox"/> | <input type="checkbox"/> | G8446 |
| Document reason here and in medical chart. _____ _____ | | | |

¹To qualify this system must be capable of ALL of the following: generating a complete active medication list incorporating electronic data received from applicable pharmacy drug plan(s) if available; selecting medications, printing prescriptions, electronically transmitting prescriptions, and conducting all safety checks; providing information related to the availability of lower cost, therapeutically appropriate alternatives (if any); providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan