

# Pain Management

## Pain Assessment Prior to Initiation of Patient Therapy

### 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	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.
There is a CPT Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If <b>No</b> 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?

Pain Prior to Initiation of Therapy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Assessed <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	G8440
Not assessed for the following reason: <ul style="list-style-type: none"> <li>Documented reasons (eg, patient refuses to participate; severe mental and/or physical incapacity; patient's motivation to improve may impact accuracy of results; patient is in urgent or emergent situation and to delay treatment would jeopardize the patient's health status)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	G8442
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report G8441 (No documentation of pain assessment [including location, intensity and description] prior to initiation of treatment, reason not specified.)

<sup>1</sup>Pain assessment may result in either documentation of the absence of pain OR documentation of pain (including location, intensity and description).