

Treatment Plan of Care

Patient Co-Development of Treatment Plan/Plan of Care

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.
There is a CPT 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?

Patient Co-Development of Treatment Plan/Plan of Care	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Active Participation ¹ Documented	<input type="checkbox"/>	<input type="checkbox"/>	G8437
Not documented for the following reason: • Documented reasons (eg, patient not eligible for co-developing a treatment plan/plan of care)	<input type="checkbox"/>	<input type="checkbox"/>	G8439
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8438 (Active participation not documented, reason not specified.)

¹Active participation is defined as patient involvement in discussions, decisions, objectives determination, and goal setting to the extent that the patient is a co-author of, and responds affirmatively to, the care plan/treatment plan. Appropriate documentation includes signature of the practitioner and either co-signature of the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative.