

Advance Care Plan

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	
Patient is aged 65 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service 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 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)
Advance Care Planning	Yes	No	
Documented — advance care plan or surrogate decision-maker documented in medical record	<input type="checkbox"/>	<input type="checkbox"/>	1123F
Documented as discussed — patient did not wish or was not able to name a surrogate decision-maker or provide an advance care plan ¹	<input type="checkbox"/>	<input type="checkbox"/>	1124F ²
			If No is checked for all of the above, report 1123F-8P (Advance care planning not documented, reason not otherwise specified.)

¹May also include, as appropriate, that the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

²If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, report 1124F.