

Pharyngitis

Appropriate Testing for Children with Pharyngitis

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 2–18 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has a diagnosis of pharyngitis.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT E/M Service Code for this visit.	<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	
Was patient prescribed or dispensed an antibiotic for this episode of pharyngitis?	<input type="checkbox"/>	<input type="checkbox"/>	If No , report only 4124F and STOP. If Yes , report 4120F and proceed to Step 3.
Step 3 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)
Group A Streptococcus Test	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3210F
Not performed for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3210F–1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3210F–8P (Group A strep test not performed, reason not otherwise specified.)