

## Plan for Chemotherapy Documented Before Chemotherapy Administered

### 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	
Any patient regardless 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 breast, colon, or rectal cancer.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT E/M Service Code for this visit and a CPT Procedure Code for chemotherapy administration.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Planned Chemotherapy Regimen, Including at a Minimum: Drug(s) Prescribed, Dose, and Duration	Yes	No	
Documented, prior to initiation of a new treatment regimen	<input type="checkbox"/>	<input type="checkbox"/>	0519F
			If <b>No</b> is checked for the above, report 0519F-8P (ie, Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, not documented prior to initiation of a new treatment regimen)