

## Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

**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 Gender
National Provider Identifier (NPI)		Date of Service	

Clinical Information	Billing Information															
<b>Step 1 Is patient eligible for this measure?</b>																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Patient is aged 18 through 70 years.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient is female.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient has a diagnosis of invasive breast cancer.<sup>1</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>There is a CPT E/M Service Code for this visit.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Patient is aged 18 through 70 years.	<input type="checkbox"/>	<input type="checkbox"/>	Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has a diagnosis of invasive breast cancer. <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Code Required on Claim Form</b></p> <p>Verify date of birth on claim form.</p> <p>Refer to gender on claim form.</p> <p>Refer to coding specifications document for list of applicable codes.</p>
	Yes	No														
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<p>If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.</p>																
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>																
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<p>Document reason here and in medical chart.</p> <p>_____</p> <p>_____</p>																
<p>If <b>No</b> is checked for <b>all</b> of the above, report G8383 (No documentation or radiation therapy recommended within 12 months of first office visit.)</p>																

<sup>1</sup>At the time of the initial visit.

<sup>2</sup>The numerator code should be reported at the time of radiation therapy services. Radiation therapy may include external beam radiation or brachytherapy.