Critical Care

Prevention of Catheter-Related Bloodstream Infections (CRBSI) — Central Venous Catheter Insertion Protocol

PQRI Data Collection Sheet

				/ /	☐ Male ☐ Female
Patient's Name		Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender

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**
Any patient regardless of age.	☐	☐	Verify date of birth on claim form.
There is a CPT Procedure code for central venous catheter (CVC) insertion or replacement.	☐	☐	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?

All Elements of Maximal Barrier Technique (cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygine AND 2% chlorhexidine for cutaneous antisepsis)	Yes	No	**Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)**
Followed	☐	☐	6030F
Not followed for the following reason: • Medical (including CVC insertion performed on emergency basis)	☐	☐	6030F–1P
Document reason here and in medical chart. _____ _____			If **No** is checked for **all** of the above, report 6030F–8P (All elements of maximal sterile barrier technique including: cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygine AND 2% chlorhexidine for cutaneous antisepsis, not followed, reason not otherwise specified.)