

Preventive Care and Screening

Screening Mammography

Physician Quality Reporting System 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?			
	Yes	No	Code Required on Claim Form
Patient is aged 40 through 69 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
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?			
Screening Mammography¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3014F
Not performed for the following reason: • Medical (ie, women who had a bilateral mastectomy or two unilateral mastectomies)	<input type="checkbox"/>	<input type="checkbox"/>	3014F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3014F-8P (Mammogram not performed, reason not otherwise specified.)

¹"The patient should either be screened for breast cancer on the date of service OR there should be documentation that the patient was screened for breast cancer at least once within 24 months prior to the date of service."