

Reminder System for Mammogram

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
Patient is aged 40 years and older on date of encounter.	<input type="checkbox"/>
Patient has a diagnosis for a Screening Mammogram.	<input type="checkbox"/>
There is a CPT code or G-code for Screening Mammogram.	<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 meet the measure?	
Yes	No
Patient information with target due date for next mammogram	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Entered into a reminder system ¹	<input type="checkbox"/>
If No is checked for the above, report 7025F-8P (Patient Information <i>not</i> entered into a Reminder System, reason not otherwise specified)	

¹For the purposes of this measure, the “reminder system” should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient identifier, patient contact information, date(s) of prior screening mammogram(s) (if known), and the target due date for the next mammogram.