

Advance Care Plan

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?			Code Required on Claim Form
	Yes	No	
Patient is aged 65 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. 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.
There is a CPT Code for this visit.	<input type="checkbox"/>	<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 or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Advance Care Planning	Yes	No	
Documented — advance care plan or surrogate decision-maker documented in medical record	<input type="checkbox"/>	<input type="checkbox"/>	1123F
Documented as discussed — patient did not wish or was not able to name a surrogate decision-maker or provide an advance care plan ¹	<input type="checkbox"/>	<input type="checkbox"/>	1124F ²
If No is checked for all of the above, report 1123F-8P (Advance care planning not documented, reason not otherwise specified.)			

¹May also include, as appropriate, that the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

²If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, report 1124F.