

Pharmacologic Therapy

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 5 through 50 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of asthma.	<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.
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 also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Does patient have persistent asthma ¹ (mild, moderate or severe)?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient has intermittent asthma), report 1039F and STOP. If Yes , report 1038F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Preferred Long-Term Control Medication or Acceptable Alternative Treatment²	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed ³	<input type="checkbox"/>	<input type="checkbox"/>	4015F
Not prescribed for the following reason: • Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4015F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4015F-8P (Persistent asthma, preferred long term control medication or acceptable treatment not prescribed, reason not otherwise specified.)

¹Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.

²Preferred long-term control medication: inhaled corticosteroid [ICS] or inhaled corticosteroid with long-acting inhaled beta₂-agonist [LABA]; Acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines). In patients with moderate or severe persistent asthma, strong evidence indicates that use of LABA in combination with ICS leads to improvements in lung function and symptoms, and reduced supplemental bronchodilator use. LABA is not recommended for use as monotherapy.

³"Prescribed" may include prescription given to the patient for long-term control medication (inhaled corticosteroid or inhaled corticosteroid with long-acting inhaled beta₂-agonist) or an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines) at one or more visits in the 12-month period or patient already taking long-term control medication or an acceptable alternative treatment as documented in current medication list.