

Myelodysplastic Syndrome and Acute Leukemias

Baseline Cytogenetic Testing Performed on Bone Marrow

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 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of myelodysplastic syndrome or an acute leukemia.	<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 meet or have an acceptable reason for not meeting the measure?			
Baseline Cytogenetic Testing¹ on Bone Marrow	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"/>	3155F
Not performed for one of the following reasons:			
• Medical (eg, no liquid bone marrow or fibrotic marrow)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-1P
• Patient (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-2P
• System (eg, patient previously treated by another physician at the time cytogenetic testing performed)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3155F-8P (Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified.)

¹Baseline cytogenetic testing refers to testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis.