Baseline Flow Cytometry

Physician Quality Reporting System Data Collection Sheet

				/ /	🗆 Male 🛛 Female
atient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender		
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.			Verify date of birth on claim fo	orm.
Patient has a diagnosis of chronic lymphod	ytic lukemia.			Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as	
There is a CPT Code for this visit.					
If No is checked for any of the above, STOP. Do not report a CPT category II code.			the quality code(s) identified below.		
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?					
Baseline Flow Cytometry Studies ¹		Yes	No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of Ele	
Performed				3170F	
Not performed for one of the following reas	sons:				
Medical (eg, not indicated, contraindicat other medical reason)	ed,			3170F–1P	
 Patient (eg, receiving palliative care or n treatment as defined above) 	ot receiving			3170F-2P	
 System (eg, patient previously treated by physician at the time baseline flow cyton were performed) 				3170F-3P	
Document reason here and in medical chart.				If No is checked for all of the al 3170F–8P (Flow cytometry studies not pe diagnosis or prior to initiating otherwise specified.)	erformed at time of

¹Baseline flow cytometry studies refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include anti-neoplastic therapy.

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