

# Preventive Care and Screening

## Screening Mammography

### PQRI 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 40 through 69 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
There is a CPT E/M Service Code for this visit.	<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.
If <b>No</b> 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)
Screening Mammography	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3014F
Not performed for the following reason: • Medical (ie, women who had a bilateral mastectomy or two unilateral mastectomies)	<input type="checkbox"/>	<input type="checkbox"/>	3014F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3014F-8P (Mammogram not performed, reason not otherwise specified.)