

Continuity of Care — Recall System

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?			
	Yes	No	Code Required on Claim Form
Any patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of melanoma or history of melanoma.	<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 E/M Service 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?			
Recall System¹ with the Date for the Next Complete Physical Skin Examination Specified	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Utilized	<input type="checkbox"/>	<input type="checkbox"/>	7010F
Not utilized for the following reason: • System (eg, melanoma being monitored by another physician provider)	<input type="checkbox"/>	<input type="checkbox"/>	7010F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 7010F-8P (Recall system not utilized, reason not otherwise specified.)

¹To satisfy this measure, the recall system *must* be linked to a process for notifying patients when their next physical exam is due and *must* include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), date(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam.