

Coordination of Care

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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	
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.	<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 also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is this occurrence of melanoma a new episode?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, this occurrence of melanoma is a subsequent episode), report only 1128F and STOP. If Yes , report 1127F and proceed to Step 3.
Step 3 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)
Treatment Plan ¹	Yes	No	
Communicated to the physician(s) providing continuing care within one month of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	5050F
Not communicated for one of the following reasons:	<input type="checkbox"/>	<input type="checkbox"/>	5050F-2P
<ul style="list-style-type: none"> Patient (eg, patient asks that treatment plan not be communicated to the physician(s) providing continuing care) System (eg, patient does not have a primary care physician or referring physician) 	<input type="checkbox"/>	<input type="checkbox"/>	5050F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 5050F-8P (Treatment plan not communicated, reason not otherwise specified.)

¹A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care.