

Use of Compression System in Patients with Venous Ulcers

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 |
| 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 line item diagnosis of venous ulcer. | <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? | | | |
| Compression System | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Prescribed | <input type="checkbox"/> | <input type="checkbox"/> | 4267F |
| Not prescribed for one of the following reasons: | | | |
| • Medical (eg, severe arterial occlusive disease) | <input type="checkbox"/> | <input type="checkbox"/> | 4267F-1P |
| • Patient (eg, patient declined, economic, social, religious, other patient reason) | <input type="checkbox"/> | <input type="checkbox"/> | 4267F-2P |
| • System (eg, resources to perform the services not available, other reason attributable to health care delivery system) | <input type="checkbox"/> | <input type="checkbox"/> | 4267F-3P |
| Document reason here and in medical chart. _____ _____ | | | If No is checked for all of the above, report 4267F-8P (Compression therapy not prescribed, reason not otherwise specified.) |