

Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

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
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/> Yes <input type="checkbox"/> No Verify date of birth on claim form.
There is a CPT Procedure Code for a surgical procedure with the indications for VTE prophylaxis.	<input type="checkbox"/> Yes <input type="checkbox"/> No 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 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?	
VTE Prophylaxis¹	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Ordered or Given	<input type="checkbox"/> Yes <input type="checkbox"/> No 4044F
Not ordered or given for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No 4044F-1P
Document reason here and in medical chart. _____ _____	If No is checked for all of the above, report 4044F-8P (Order was not given for venous thromboembolism [VTE] prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time, reason not otherwise specified.)

¹There must be documentation of order (written order, verbal order, or standing order/protocol) for VTE prophylaxis OR documentation that VTE prophylaxis was given. Mechanical prophylaxis does not include TED hose.