

## Pharmacologic Therapy

### 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
<b>Step 1 Is patient eligible for this measure?</b>	
<b>Yes</b> <b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 5 through 40 on date of encounter. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	Verify date of birth on claim form.
Patient has a line item diagnosis of asthma. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	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. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.	
<b>Step 2 Does patient also have the other requirements for this measure?</b>	
<b>Yes</b> <b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
Does patient have persistent asthma <sup>1</sup> (mild, moderate or severe)? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	If <b>No</b> (ie, patient has intermittent asthma), report 1039F and STOP. If <b>Yes</b> , report 1038F and proceed to Step 3.
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>	
<b>Preferred Long-Term Control Medication or Acceptable Alternative Treatment<sup>2</sup></b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Prescribed <sup>3</sup> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	4015F
Not prescribed for the following reason: • Patient (eg, patient declined, economic, social, religious, other patient reason) <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	4015F-2P
Document reason here and in medical chart. _____ _____	
If <b>No</b> is checked for <b>all</b> of the above, report 4015F-8P (Persistent asthma, preferred long term control medication or acceptable treatment not prescribed, reason not otherwise specified.)	

<sup>1</sup>Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.

<sup>2</sup>Preferred long-term control medication: inhaled corticosteroid [ICS] or inhaled corticosteroid with long-acting inhaled beta2-agonist [LABA]; Acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines). In patients with moderate or severe persistent asthma, strong evidence indicates that use of LABA in combination with ICS leads to improvements in lung function and symptoms, and reduced supplemental bronchodilator use. LABA is not recommended for use as monotherapy.

<sup>3</sup>"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.