

Myelodysplastic Syndrome and Acute Leukemias

Baseline Cytogenetic Testing Performed on Bone Marrow

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?			Code Required on Claim Form
	Yes	No	
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 myelodysplastic syndrome or an acute leukemia.	<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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Baseline Cytogenetic Testing ¹ on Bone Marrow	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3155F
Not performed for one of the following reasons:			
• Medical (eg, no liquid bone marrow or fibrotic marrow)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-1P
• Patient (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-2P
• System (eg, patient previously treated by another physician at the time cytogenetic testing performed)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3155F-8P (Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified.)

¹Baseline cytogenetic testing refers to testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis.