## **Treatment with Bisphosphonates**

				/ /	☐ Male ☐ Fema
atient's Name Practi	Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy)	Gender	
ational Provider Identifier (NPI)				Date of Service	
Clinical Information				Billing Information	
Step 1 Is patient eligible for t	his measure?				
		Yes	No	Code Required on Claim Form	
Patient is aged 18 years and older on	date of encounter.			Verify date of birth on claim form.	
Patient has a line item diagnosis of mot in remission.	ultiple myeloma,			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.				
If <b>No</b> is checked for any of the above, a CPT category II code.	STOP. Do not repor	t			
Step 2 Does patient meet or h for not meeting the me		ble reas	son		
		ble reas	No No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of Ele	
for not meeting the me Intravenous Bisphosphonate Therapy <sup>1</sup>					
for not meeting the me Intravenous Bisphosphonate Therapy¹ Prescribed² or received Not prescribed or received for one of	asure?	Yes	No	if Yes (or Service Line 24 of Ele	
for not meeting the me	the ave bone	Yes	No	if Yes (or Service Line 24 of Ele	
Intravenous Bisphosphonate Therapy¹ Prescribed² or received Not prescribed or received for one of following reasons:  • Medical (eg, patients who do not had disease, patients with dental disease)	the ave bone se, patients	Yes	No 🗆	if Yes (or Service Line 24 of Ele 4100F	

<sup>&</sup>lt;sup>1</sup>For the purpose of this measure bisphosphonate therapy includes the following medications: pamidronate and zoledronate.

<sup>&</sup>lt;sup>2</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.