

## Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer 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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Any male patient regardless of age on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of prostate cancer.	<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 Code for interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	
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>
Is the patient at low risk of recurrence for prostate cancer [ie, PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a]?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If <b>No</b> [ie, patient is at intermediate risk of recurrence for prostate cancer (PSA &gt;10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk)], report 3272F and STOP.</p> <p>If <b>No</b> [ie, patient is at high risk of recurrence for prostate cancer (PSA &gt; 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a), report 3273F and STOP.</p> <p>If <b>Yes</b> (ie, patient is at low risk of recurrence for prostate cancer), report 3271F and proceed to Step 3.</p> <p>If prostate cancer risk of recurrence not determined or neither low, intermediate nor high, report 3274F and STOP.</p>

*continued on next page*

**Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients**

*continued from previous page*

Clinical Information			Billing Information
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Bone Scan (prior to initiation of treatment or at any time since diagnosis of prostate cancer)</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Not performed <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	3270F
Performed for one of the following reasons:			
• Medical reasons (including documented pain, salvage therapy, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3269F-1P
• System reasons (including bone scan ordered by someone other than reporting physician)	<input type="checkbox"/>	<input type="checkbox"/>	3269F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3269F (Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer.)

<sup>1</sup>This is an overuse measure. For performance, the measure will be calculated as the number of patients at low risk of recurrence for prostate cancer who did not receive a bone scan. A higher score indicates appropriate treatment of patients with prostate cancer at low risk of recurrence.