

**Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients**

**PQRI Data Collection Sheet**

Patient's Name	Practice Medical Record Number (MRN)	/ /	<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>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> </table>		Yes	No	<b>Code Required on Claim Form</b>	
	Yes	No			
Any male patient regardless of age.	<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 external beam radiotherapy.	<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 or a G-code.					
<b>Step 2 Does patient also have the other requirements for this measure?</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> </table>		Yes	No	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>	
	Yes	No			
Is the patient at high risk of recurrence for prostate cancer [ie, PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If <b>No</b> [ie, patient risk of recurrence is not determined OR patient is at low risk (PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a) or intermediate risk (PSA &gt;10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk) of recurrence for prostate cancer], report only G8464 and STOP.</p> <p>If <b>Yes</b> (ie, patient is at high risk of recurrence for prostate cancer), report G8465 and proceed to Step 3.</p>		

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Clinical Information			Billing Information
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Adjuvant<sup>1</sup> Hormonal Therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)</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>
Prescribed or Administered	<input type="checkbox"/>	<input type="checkbox"/>	4164F
Not prescribed or administered for one of the following reasons:			
• Medical reasons (eg, salvage therapy, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4164F-1P
• Patient reasons (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4164F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4164F-8P (Patients who were not prescribed/administered adjuvant [ie, in combination with external beam radiotherapy for prostate cancer] hormonal therapy [GnRH agonist or antagonist], reason not otherwise specified.)

<sup>1</sup>ie, In combination with external beam radiotherapy to the prostate for prostate cancer.