Three-dimensional Radiotherapy

PQRI Data Collection Sheet			
			/ / \square Male \square Female
Patient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) Gender	
National Provider Identifier (NPI)			Date of Service
Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?	?		
	Yes	No	Code Required on Claim Form
Any male patient regardless of age.			Verify date of birth on claim form.
Patient has a line item diagnosis of prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites)	:		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.			
If No is checked for any of the above, STOP. Do not roa CPT category II code.	eport		
Step 2 Does patient also have the other re for this measure?	quirements	;	
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is the patient receiving external beam radiotherapy as primary therapy to the prostate (with or without nodal irradiation)?			If No [ie, external beam radiotherapy (with or without nodal irradiation) as adjuvant or salvage therapy for prostate cancer patient], report only 4201F and STOP.
			If Yes, report 4200F and proceed to Step 3.
Step 3 Does patient meet the measure?		1	
Three-Dimensional Conformal Radiotherapy (3D-CRT) or Intensity Modulated Radiation Therapy (IMRT)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Received			4165F
			If No is checked for the above, report 4165F–8P (Patients who did not receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT), reason not otherwise specified.)