

## Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy

### 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Any patient regardless of age.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>There is a CPT Code for bone scintigraphy.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Any patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT Code for bone scintigraphy.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code Required on Claim Form</b>  Verify date of birth on claim form.  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.			
	Yes	No											
Any patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>											
There is a CPT Code for bone scintigraphy.	<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 meet or have an acceptable reason for not meeting the measure?</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td><b>Correlation with Existing Relevant Imaging Studies Corresponding to the Same Anatomical Region in Question</b></td> <td></td> <td></td> </tr> <tr> <td>Documented</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Not documented for the following reason:  <ul style="list-style-type: none"> <li>System (eg, no existing relevant imaging study available<sup>1</sup>, patient did not have a previous relevant imaging study)</li> </ul> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	<b>Correlation with Existing Relevant Imaging Studies Corresponding to the Same Anatomical Region in Question</b>			Documented	<input type="checkbox"/>	<input type="checkbox"/>	Not documented for the following reason: <ul style="list-style-type: none"> <li>System (eg, no existing relevant imaging study available<sup>1</sup>, patient did not have a previous relevant imaging study)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>  3570F  3570F-3P
	Yes	No											
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Document reason here and in medical chart. _____ _____													
		If <b>No</b> is checked for all of the above, report 3570F-8P (Bone scintigraphy report not correlated, reason not otherwise specified.)											

<sup>1</sup>Correlative studies are considered to be unavailable if relevant studies (reports and/or actual examination material) from other imaging modalities exist but could not be obtained after reasonable efforts to retrieve the studies are made by the interpreting physician prior to the finalization of the bone scintigraphy report.