

Myelodysplastic Syndrome and Acute Leukemias

Baseline Cytogenetic Testing Performed on Bone Marrow

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

| Step 1 Is patient eligible for this measure? | | | Code Required on Claim Form |
|--|--------------------------|--------------------------|---|
| | Yes | No | |
| Patient is aged 18 years and older on date of encounter. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| Patient has a line item diagnosis of myelodysplastic syndrome or an acute leukemia. | <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 this visit. | <input type="checkbox"/> | <input type="checkbox"/> | |
| If No is checked for any of the above, STOP. Do not report a CPT category II code. | | | |
| Step 2 Does patient meet or have an acceptable reason for not meeting the measure? | | | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Baseline Cytogenetic Testing ¹ on Bone Marrow | Yes | No | |
| Performed | <input type="checkbox"/> | <input type="checkbox"/> | 3155F |
| Not performed for one of the following reasons: | | | |
| • Medical (eg, no liquid bone marrow or fibrotic marrow) | <input type="checkbox"/> | <input type="checkbox"/> | 3155F-1P |
| • Patient (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above) | <input type="checkbox"/> | <input type="checkbox"/> | 3155F-2P |
| • System (eg, patient previously treated by another physician at the time cytogenetic testing performed) | <input type="checkbox"/> | <input type="checkbox"/> | 3155F-3P |
| Document reason here and in medical chart. _____ _____ | | | If No is checked for all of the above, report 3155F-8P (Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified.) |

¹Baseline cytogenetic testing refers to testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis.