

# Multiple Myeloma

## Treatment with Bisphosphonates

### 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 multiple myeloma, not in remission.	<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 <b>No</b> 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)
Intravenous Bisphosphonate Therapy <sup>1</sup>	Yes	No	
Prescribed <sup>2</sup> or received	<input type="checkbox"/>	<input type="checkbox"/>	4100F
Not prescribed or received for one of the following reasons:			
<ul style="list-style-type: none"> <li>Medical (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4100F-1P
<ul style="list-style-type: none"> <li>Patient (eg, patient declined, economic, social, religious, other patient reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4100F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4100F-8P (Bisphosphonate therapy, intravenous, not ordered or received, reason not otherwise specified.)

<sup>1</sup>For the purpose of this measure bisphosphonate therapy includes the following medications: pamidronate and zoledronate.

<sup>2</sup>"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.