## **Chronic Lymphocytic Leukemia**

## **Baseline Flow Cytometry**

PQRI Data Collection Sheet			
atient's Name Practice Medical Record Num	iher (MRN)	1	/ / ☐ Male ☐ Fema  Birth Date (mm/dd/yyyy) Gender
and a Name Tractice medical record Num	iber (iviitit)		Birti Bate (IIIII/da/yyyy)
ational 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
Patient is aged 18 years and older on date of encounter.			Verify date of birth on claim form.
Patient has a line item diagnosis of chronic lymphocytic lukemia.			Refer to coding specifications document for list of applicable codes. Codes determining a patient's
There is a CPT Code for this visit.			eligibility must be reported on the same claim as the quality code(s) identified below.
If <b>No</b> is checked for any of the above, STOP. Do not repor a CPT category II code.	t		
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Step 2 Does patient meet or have an acceptal for not meeting the measure?	ole reas	son	
Step 2 Does patient meet or have an acceptal for not meeting the measure?	ole reas	SON No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Step 2 Does patient meet or have an acceptal for not meeting the measure?  Baseline Flow Cytometry Studies <sup>1</sup>			1
Step 2 Does patient meet or have an acceptal for not meeting the measure?  Baseline Flow Cytometry Studies¹ Performed	Yes	No	if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Step 2 Does patient meet or have an acceptal for not meeting the measure?  Baseline Flow Cytometry Studies¹ Performed Not performed for one of the following reasons:	Yes	No	,
Step 2 Does patient meet or have an acceptal for not meeting the measure?  Baseline Flow Cytometry Studies¹  Performed  Not performed for one of the following reasons:  • Medical (eg, not indicated, contraindicated, other medical reason)	Yes	No 🗆	if Yes (or Service Line 24 of Electronic Claim Form) 3170F
Step 2 Does patient meet or have an acceptal for not meeting the measure?  Baseline Flow Cytometry Studies¹  Performed  Not performed for one of the following reasons:  • Medical (eg, not indicated, contraindicated, other medical reason)  • Patient (eg, receiving palliative care or not receiving	Yes	No -	if Yes (or Service Line 24 of Electronic Claim Form)  3170F  3170F-1P

<sup>&</sup>lt;sup>1</sup>Baseline flow cytometry studies refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include anti-neoplastic therapy.