

Treatment Plan of Care

Patient Co-Development of Treatment Plan/Plan of Care

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
There is a CPT Service Code or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a G-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)
Patient Co-Development of Treatment Plan/Plan of Care	Yes	No	
Active Participation ¹ Documented	<input type="checkbox"/>	<input type="checkbox"/>	G8437
Not documented for the following reason: • Documented reasons (eg, patient not eligible for co-developing a treatment plan/plan of care)	<input type="checkbox"/>	<input type="checkbox"/>	G8439
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report G8438 (Active participation not documented, reason not specified.)

¹Active participation is defined as patient involvement in discussions, decisions, objectives determination, and goal setting to the extent that the patient is a co-author of, and responds affirmatively to, the care plan/treatment plan. Appropriate documentation includes signature of the practitioner and either co-signature of the patient or documented verbal agreement obtained from the patient or, when necessary, an authorized representative.