

Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up

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?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Code for this visit.	<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.
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?			
Pain Prior to Initiation of Therapy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Assessed AND Follow-up plan ¹ documented	<input type="checkbox"/>	<input type="checkbox"/>	G8440
Not assessed for the following reason: <ul style="list-style-type: none"> Documented reasons (eg, patient refuses to participate; severe mental and/or physical incapacity; patient's motivation to improve may impact accuracy of results; patient is in urgent or emergent situation and to delay treatment would jeopardize the patient's health status) 	<input type="checkbox"/>	<input type="checkbox"/>	G8442
Assessed, but no follow-up plan documented for the following reason: <ul style="list-style-type: none"> Documented reasons (eg, absence of pain on assesment, diagnosis/condition/illness if not situationally related to pain) 	<input type="checkbox"/>	<input type="checkbox"/>	G8508
Document reason here and in medical chart. _____ _____ _____ _____			If No is checked for all of the above, report G8441 (No documentation of pain assessment [including location, intensity and description] prior to initiation of treatment, reason not specified.) OR G8509 (Documentation of pain assessment [including location, intensity and description] prior to initiation of treatment, no documentation of a follow-up plan, reason not specified.)

¹Such follow-up must include a reassessment of pain and may include documentation of a future appointment, education, referral, notification of primary care provider, etc.