

**Hormonal Therapy for Stage IC-III ER/PR Positive Breast Cancer**

**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	

<b>Clinical Information</b>			<b>Billing Information</b>
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
Patient has a diagnosis of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service 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.			
<b>Step 2 Does patient also have other requirements<sup>1</sup> for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
Does patient have estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer), report only 3316F and STOP.  OR If estrogen receptor (ER) and progesterone receptor (PR) status is not documented, report 3316F-8P and STOP.  If <b>Yes</b> (ie, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer), proceed to the next question.
For patient with ER/PR positive breast cancer (from above), does patient also have Stage 1C (T1c, tumor size > 1 cm to 2 cm), Stage II, or Stage III breast cancer documented?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report <b>only</b> the appropriate code that corresponds to stage as listed below and STOP. (Do not report a code for ER/PR Status.) Stage 0 ..... 3302F Stage I (tumor size ≤ 1 cm) ..... 3303F <sup>2</sup> Stage IV..... 3312F Cancer stage not documented ..... 3305F-8P  If <b>Yes</b> , report 3315F for ER/PR positive and the appropriate code that corresponds to stage as listed below and proceed to Step 3. Stage 1C (tumor size > 1 cm to 2 cm) 3315F and 3305F <sup>3</sup> Stage IIA .....3315F and 3306F Stage IIB .....3315F and 3307F Stage IIIA .....3315F and 3309F Stage IIIB .....3315F and 3310F Stage IIIC .....3315F and 3311F

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Clinical Information			Billing Information
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Tamoxifen or Aromatase Inhibitor</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Claim Form, if Yes (Or Service Line 24 of Electronic Claim Form)</b>
Prescribed <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4179F
Not prescribed or received for the following reason:			
<ul style="list-style-type: none"> <li>Medical (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was ≥ 5 years from reporting date)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4179F-1P
<ul style="list-style-type: none"> <li>Patient (eg, patient refusal)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4179F-2P
<ul style="list-style-type: none"> <li>System (eg, patient is currently enrolled in a clinical trial)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4179F-3P
Document reason here and in medical chart. _____ _____ _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4179F-8P (ie, Tamoxifen or aromatase inhibitor <i>not</i> prescribed, reason not otherwise specified.)

<sup>1</sup>There are 2 additional requirements for patients to be eligible for this measure: Stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive breast cancer. If patient does not meet these requirements, only one code should be reported for this measure. Report only the code for the requirement that patient does not meet.

<sup>2</sup>Report 3303F for the following Stage I Breast Cancers:

**T1mic** — Microinvasion 0.1 cm or less in greatest dimension

**T1a** — Tumor more than 0.1 cm but not more than 0.5 cm in greatest dimension

**T1b** — Tumor more than 0.5 cm but not more than 1 cm in greatest dimension

<sup>3</sup>Report 3305F for Stage **T1c** Breast Cancer-Tumor more than 1 cm but not more than 2 cm in greatest dimension.

<sup>4</sup>The reporting clinician is not required to have written the initial prescription.