

**Chemotherapy for Stage III Colon Cancer Patients**

**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 has a diagnosis of colon 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 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 AJCC Cancer Stage IIIA through IIIC colon cancer documented?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, patient has Stage 0, I, II or IV colon cancer), report the appropriate code that corresponds to stage as listed below and STOP. Stage 0 ..... 3302F      Stage IIB ..... 3307F Stage I ..... 3304F <sup>1</sup> Stage IV..... 3312F Stage IIA ..... 3306F
	<input type="checkbox"/>	<input type="checkbox"/>	If <b>Yes</b> (ie, patient has Stage IIIA through IIIC colon cancer), report the appropriate code that corresponds to stage as listed below and proceed to Step 3. Stage IIIA ..... 3309F Stage IIIB ..... 3310F Stage IIIC ..... 3311F
	<input type="checkbox"/>	<input type="checkbox"/>	If AJCC Cancer Stage for colon cancer is not documented, report 3309F–8P and STOP.

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<sup>1</sup>Use 3304F to report all Stage I colon cancers.

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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>Adjuvant Chemotherapy<sup>2</sup></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 or previously received <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4180F
Not prescribed or received for the following reason:			
<ul style="list-style-type: none"> <li>• Medical (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date; patient's cancer has metastasized; medical contraindication/allergy, poor performance status)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4180F-1P
<ul style="list-style-type: none"> <li>• Patient (eg, patient refusal)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4180F-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"/>	4180F-3P
Document reason here and in medical chart. _____ _____ _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4180F-8P (ie, Adjuvant chemotherapy <i>not</i> prescribed or previously received, reason not otherwise specified).

<sup>2</sup>According to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin.

<sup>3</sup>Neoadjuvant and adjuvant chemotherapy should be reported. The reporting clinician is not required to have written the initial prescription; 'prescribed' can include managing treatment started by another clinician.