

**Chemotherapy for Stage III Colon Cancer Patients**

**Physician Quality Reporting System 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 on date of encounter.	<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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT 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 III 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 ..... 3382F      Stage II ..... 3386F Stage I ..... 3384F      Stage IV..... 3390F
			If <b>Yes</b> (ie, patient has Stage III colon cancer), report 3388F and proceed to Step 3.
			If AJCC Cancer Stage for colon cancer is not documented, report 3382F–8P and STOP.

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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>1</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 <sup>2</sup> 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, poor performance status, not indicated, contraindicated, other medical reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	4180F-1P
<ul style="list-style-type: none"> <li>• Patient (eg, patient refusal, patient declined, social, economic, religious, other patient reason)</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 that precludes prescription of chemotherapy, other reason attributable to health care delivery system)</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 not prescribed or previously received, reason not otherwise specified).

<sup>1</sup>Adjuvant chemotherapy — According to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin

<sup>2</sup>Prescribed — May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list.

<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.