

Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (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	

Clinical Information	Billing Information
Step 1 Is patient eligible for this measure?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
If No is checked for any of the above, STOP. Do not report a CPT category II code.	
Step 2 Does patient also have other requirements¹ for this measure?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Code Required on Claim Form	
Verify date of birth on claim form.	
Refer to gender on claim form.	
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.	
Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)	
If No (ie, ER and PR negative breast cancer), report only 3316F and STOP.	
OR	
If ER and PR status is not documented, report 3316F-8P and STOP.	
If Yes (ie, either ER or PR positive breast cancer), proceed to the next question.	
If No , report only the appropriate code that corresponds to stage as listed below and STOP. (Do not report a code for ER/PR Status.)	
Stage 0 3370F	
Stage I: T1 mic, T1a or T1b 3372F (tumor size < 1 cm)	
Stage IV..... 3380F	
Cancer stage not documented 3370F-8P	
If Yes , report 3315F for ER/PR positive breast cancer and the appropriate code that corresponds to stage as listed below and proceed to Step 3.	
Stage I: T1C3315F and 3374F (tumor size > 1 cm to 2 cm)	
Stage II3315F and 3376F	
Stage III3315F and 3378F	

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Tamoxifen or Aromatase Inhibitor	Yes	No	Code to be Reported on Line 24D of Claim Form, if Yes (Or Service Line 24 of Electronic Claim Form)
Prescribed ^{2, 3}	<input type="checkbox"/>	<input type="checkbox"/>	4179F
Not prescribed or received for the following reason:	<input type="checkbox"/>	<input type="checkbox"/>	4179F-1P
<ul style="list-style-type: none"> 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) 			
<ul style="list-style-type: none"> Patient (eg, patient refusal) 	<input type="checkbox"/>	<input type="checkbox"/>	4179F-2P
<ul style="list-style-type: none"> System (eg, patient is currently enrolled in a clinical trial) 	<input type="checkbox"/>	<input type="checkbox"/>	4179F-3P
Document reason here and in medical chart. _____ _____ _____ _____			If No is checked for all of the above, report 4179F-8P (ie, Tamoxifen or aromatase inhibitor not prescribed, reason not otherwise specified.)

¹There 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.

²"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

³The reporting clinician is not required to have written the initial prescription.