

**Chemotherapy for Stage III Colon Cancer Patients**

**PQRI Data Collection Sheet**

Patient's Name	Practice Medical Record Number (MRN)	/ /	<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      No</b>
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/> <input type="checkbox"/>
Patient has a line item diagnosis of colon cancer.	<input type="checkbox"/> <input type="checkbox"/>
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      No</b>
Does patient have AJCC Cancer Stage III colon cancer documented?	<input type="checkbox"/> <input type="checkbox"/>
<b>Code Required on Claim Form</b> Verify date of birth on claim form.	
<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b> 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; 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 not prescribed or previously received, reason not otherwise specified).

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

<sup>2</sup>"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.

<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.