

## Colorectal Cancer Resection Pathology Reporting — pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

### 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<sup>1</sup>?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Any patient regardless of age on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of colon or rectum 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 colorectal cancer resection surgical pathology examination. <sup>2</sup>	<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 the 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>
Is this specimen site colorectal tissue?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report only 3250F and STOP. If <b>Yes</b> , proceed to Step 3.
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>pT Category, pN Category and Histology Grade</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Documented in the pathology report	<input type="checkbox"/>	<input type="checkbox"/>	3260F
Not documented in the pathology report for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3260F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3260F-8P (pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified.)

<sup>1</sup>Independent laboratories (ILs) and independent diagnostic testing facilities (IDTFs), using indicator Place of Service 81, are not included in PQRI.

<sup>2</sup>It is anticipated that clinicians who examine colorectal tissue specimens following resection in a laboratory or institution will submit this measure.