

Preventive Care and Screening

Colorectal Cancer Screening

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	Code Required on Claim Form
Patient is aged 50 through 75 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Code for this visit.	<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.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Appropriate Colorectal Cancer Screening¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3017F
Not performed for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3017F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3017F-8P (Colorectal cancer screening was not performed, reason not otherwise specified.)

¹Patients are considered to have appropriate screening for colorectal cancer if any of the following are documented: fecal occult blood test (FOBT) within the last 12 months; flexible sigmoidoscopy during the reporting period or the four years prior to the reporting period; colonoscopy during the reporting period or the nine years prior to the reporting period.