

## Thoracic Surgery — Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection

### 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  |
|--|--------------------------|--------------------------|--|
| <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 line item diagnosis of lung or esophageal 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 resection of the lungs or esophagus.   | <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 meet or have an acceptable reason for not meeting the measure?</b>                              |                          |                          |  |
| <b>Clinical TNM Staging</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>   |
| Recorded prior to surgery  | <input type="checkbox"/> | <input type="checkbox"/> | 3323F  |
| Not recorded for the following reason:<br>• Medical reasons (eg, not indicated, contraindicated, other medical reason) |                          |                          | 3323F-1P   |
| Document reason here and in medical chart.<br>_____<br>_____   |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 3323F-8P (Clinical tumor, node and metastases [TNM] staging not documented and reviewed prior to surgery, reason not otherwise specified.) |