

## Cancer Stage Documented

### 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>  |
| Any patient regardless of age.  | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form.   |
| Patient has a line item diagnosis of breast, colon, or rectal 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 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 meet or have an acceptable reason for not meeting the measure?</b> |                          |                          |   |
| <b>AJCC Cancer Stage<sup>1</sup> OR Metastatic Cancer</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>  |
| AJCC Cancer Stage <sup>1</sup> Documented   | <input type="checkbox"/> | <input type="checkbox"/> | 3300F   |
| Cancer documented as metastatic   | <input type="checkbox"/> | <input type="checkbox"/> | 3301F   |
|   |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 3301F-8P (Cancer stage not documented, reason not otherwise specified.)   |

<sup>1</sup>Cancer stage refers to stage at diagnosis