

## Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer

### 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>                |                          |   |
| Patient is aged 18 years and older on date of encounter.  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Code Required on Claim Form</b>  |
| Patient is female.  | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form.   |
| Patient has a line item diagnosis of breast cancer.   | <input type="checkbox"/> | <input type="checkbox"/> | Refer to gender 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 <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<sup>1</sup> for this measure?</b>   |                          |                          |   |
| <b>Yes</b>  | <b>No</b>                |                          |   |
| Does patient have either ER or PR positive breast cancer?   | <input type="checkbox"/> | <input type="checkbox"/> | <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, ER and PR negative breast cancer), report only 3316F and STOP.  |
|   |                          |                          | OR  |
|   |                          |                          | If ER and PR status is not documented, report 3316F-8P and STOP.  |
|   |                          |                          | If <b>Yes</b> (ie, either ER or PR positive breast cancer), proceed to the next question.   |
| For patient with ER/PR positive breast cancer (from above), does patient also have Stage 1 (T1C, tumor size > 1 cm to 2 cm), Stage II, or Stage III breast cancer documented? | <input type="checkbox"/> | <input type="checkbox"/> | <b>If No</b> , report <b>only</b> the appropriate code that corresponds to stage as listed below and STOP. (Do not report a code for ER/PR Status.)   |
|   |                          |                          | Stage 0 ..... 3370F   |
|   |                          |                          | Stage I: T1 mic, T1a or T1b ..... 3372F (tumor size < 1 cm)   |
|   |                          |                          | Stage IV..... 3380F   |
|   |                          |                          | Cancer stage not documented ..... 3370F-8P  |
|   |                          |                          | <b>If Yes</b> , report 3315F for ER/PR positive breast cancer and the appropriate code that corresponds to stage as listed below and proceed to Step 3.                                     |
|   |                          |                          | Stage I: T1C .....3315F and 3374F (tumor size > 1 cm to 2 cm)   |
|   |                          |                          | Stage II .....3315F and 3376F   |
|   |                          |                          | Stage III .....3315F and 3378F  |

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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>Tamoxifen or Aromatase Inhibitor</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, 3</sup>  | <input type="checkbox"/> | <input type="checkbox"/> | 4179F   |
| Not prescribed or received for the following reason:  | <input type="checkbox"/> | <input type="checkbox"/> | 4179F-1P  |
| <ul style="list-style-type: none"> <li>Medical (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was ≥ 5 years from reporting date)</li> </ul> |                          |                          |   |
| <ul style="list-style-type: none"> <li>Patient (eg, patient refusal)</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> | 4179F-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"/> | 4179F-3P  |
| Document reason here and in medical chart.<br>_____<br>_____<br>_____<br>_____  |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 4179F-8P (ie, Tamoxifen or aromatase inhibitor not prescribed, reason not otherwise specified.) |

<sup>1</sup>There are 2 additional requirements for patients to be eligible for this measure: Stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive breast cancer. If patient does not meet these requirements, only one code should be reported for this measure. Report only the code for the requirement that patient does not meet.

<sup>2</sup>"Prescribed" may include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list.

<sup>3</sup>The reporting clinician is not required to have written the initial prescription.