

Breast 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	

Clinical Information	Billing Information															
Step 1 Is patient eligible for this measure¹?																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Any patient regardless of age on date of encounter.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Patient has a line item diagnosis of breast cancer.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">There is a CPT Code for breast cancer resection surgical pathology examination.²</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="padding: 5px;">If No is checked for any of the above, STOP. Do not report a CPT category II code.</p>		Yes	No	Any patient regardless of age on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has a line item diagnosis of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT Code for breast cancer resection surgical pathology examination. ²	<input type="checkbox"/>	<input type="checkbox"/>	<p style="margin-top: 0;">Code Required on Claim Form</p> <p style="padding: 5px;">Verify date of birth on claim form.</p> <p style="padding: 5px;">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.</p>			
	Yes	No														
Any patient regardless of age on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>														
Patient has a line item diagnosis of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>														
There is a CPT Code for breast cancer resection surgical pathology examination. ²	<input type="checkbox"/>	<input type="checkbox"/>														
Step 2 Does patient also have the other requirements for this measure?																
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	Yes	No														
Is this specimen site primary breast tissue?	<input type="checkbox"/>	<input type="checkbox"/>														
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">pT Category, pN Category and Histology Grade</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Documented in the pathology report</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Not documented in the pathology report for the following reason:</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> • Medical (eg, re-excision without residual tumor) </td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="padding: 5px;">Document reason here and in medical chart.</p> <p style="padding: 5px;">_____</p> <p style="padding: 5px;">_____</p>		Yes	No	pT Category, pN Category and Histology Grade			Documented in the pathology report	<input type="checkbox"/>	<input type="checkbox"/>	Not documented in the pathology report for the following reason:			<ul style="list-style-type: none"> • Medical (eg, re-excision without residual tumor) 	<input type="checkbox"/>	<input type="checkbox"/>	<p style="margin-top: 0;">Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</p> <p style="padding: 5px;">3260F</p> <p style="padding: 5px;">3260F-1P</p> <p style="padding: 5px;">If No is checked for all of the above, report 3260F-8P (pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified.)</p>
	Yes	No														
pT Category, pN Category and Histology Grade																
Documented in the pathology report	<input type="checkbox"/>	<input type="checkbox"/>														
Not documented in the pathology report for the following reason:																
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¹Independent laboratories (ILs) and independent diagnostic testing facilities (IDTFs), using indicator Place of Service 81, are not included in PQRI.

²It is anticipated that clinicians who examine breast tissue specimens following resection in a laboratory or institution will submit this measure.