

Chemotherapy for Stage III Colon Cancer Patients

Physician Quality Reporting System Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ /	Birth Date (mm/dd/yyyy)	<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
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/> <input type="checkbox"/>
Patient has a diagnosis of colon cancer.	<input type="checkbox"/> <input type="checkbox"/>
There is a CPT Code for this visit.	<input type="checkbox"/> <input type="checkbox"/>
If No is checked for any of the above, STOP. Do not report a CPT category II code.	
Step 2 Does patient also have other requirements for this measure?	
	Yes No
Does patient have AJCC Cancer Stage III colon cancer documented?	<input type="checkbox"/> <input type="checkbox"/>
Code Required on Claim Form Verify date of birth on claim form. 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.	
Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form) If No (ie, patient has Stage 0, I, II or IV colon cancer), report the appropriate code that corresponds to stage as listed below and STOP. Stage 0 3382F Stage II 3386F Stage I 3384F Stage IV..... 3390F If Yes (ie, patient has Stage III colon cancer), report 3388F and proceed to Step 3. If AJCC Cancer Stage for colon cancer is not documented, report 3382F–8P and STOP.	

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Clinical Information			Billing Information
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Adjuvant Chemotherapy¹	Yes	No	Code to be Reported on Line 24D of Claim Form, if Yes (Or Service Line 24 of Electronic Claim Form)
Prescribed ² or previously received ³	<input type="checkbox"/>	<input type="checkbox"/>	4180F
Not prescribed or received for the following reason:			
<ul style="list-style-type: none"> • Medical (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, patient's cancer has metastasized, poor performance status, not indicated, contraindicated, other medical reason) 	<input type="checkbox"/>	<input type="checkbox"/>	4180F-1P
<ul style="list-style-type: none"> • Patient (eg, patient refusal, patient declined, social, economic, religious, other patient reason) 	<input type="checkbox"/>	<input type="checkbox"/>	4180F-2P
<ul style="list-style-type: none"> • System (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other reason attributable to health care delivery system) 	<input type="checkbox"/>	<input type="checkbox"/>	4180F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4180F-8P (ie, Adjuvant chemotherapy not prescribed or previously received, reason not otherwise specified).

¹Adjuvant chemotherapy — According to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin

²Prescribed — May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list.

³Neoadjuvant and adjuvant chemotherapy should be reported. The reporting clinician is not required to have written the initial prescription; 'prescribed' can include managing treatment started by another clinician.