

▲ Measure #102 (NQF 0389): Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did **not** have a bone scan performed at any time since diagnosis of prostate cancer

INSTRUCTIONS:

This measure is to be reported **once per episode** of treatment (ie, interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy) for all male patients with prostate cancer who receive interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy during the reporting period. Claims data will be analyzed to determine unique episodes of radiation therapy. Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting and performance rates. The PQRS quality-data code needs to be submitted only once during the episode of radiation therapy (eg, 8 weeks of therapy). It is anticipated that **clinicians who perform the listed procedures** as specified in the denominator coding will submit this measure.

Measure Reporting via Claims:

ICD-9-CM/ICD-10-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the appropriate ICD-9-CM/ICD-10-CM diagnosis code, CPT codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 3P- system reasons. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-9-CM/ICD-10-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

DENOMINATOR NOTE: Only male patients with prostate cancer with low risk of recurrence will be counted in the performance denominator of this measure.

Denominator Criteria (Eligible Cases):

Any male patient, regardless of age

AND

Diagnosis for prostate cancer (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 185

Diagnosis for prostate cancer (ICD-10-CM) [for use 10/01/2014-12/31/2014]: C61

AND

Patient encounter during the reporting period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 55876, 77427, 77776, 77777, 77778, 77787

NUMERATOR:

Patients who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

Numerator Instructions: A higher score indicates appropriate treatment of patients with prostate cancer at low risk of recurrence.

Definitions:

Risk Strata: Low, Intermediate, or High –

Low Risk – PSA ≤ 10 ng/mL; AND Gleason score 6 or less; AND clinical stage T1c or T2a. (AUA, 2007)

Intermediate Risk – PSA > 10 to 20 ng/mL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk. (AUA, 2007)

High Risk – PSA > 20 ng/mL; OR Gleason score 8 to 10; OR clinically localized stage T3a. (NCCN, 2011)

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The “correct combination” of codes may require the submission of multiple numerator codes.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Bone Scan not Performed

(Two CPT II codes [3270F & 3271F] are required on the claim form to submit this numerator option)

CPT II 3270F: Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

OR

Bone Scan Performed for Medical or System Reasons

(Two CPT II codes [3269F-xP & 3271F] are required on the claim form to submit this numerator option)

Append a modifier (**1P** or **3P**) to CPT Category II code **3269F** to report documented circumstances that appropriately exclude patients from the denominator.

3269F with 1P: Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)

3269F with 3P: Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than reporting physician)

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

OR

If patient is not eligible for this measure because the risk of recurrence is intermediate, high or not determined, report:

(One CPT II code [327xF] is required on the claim form to submit this numerator option)

Intermediate Risk of Recurrence

CPT II 3272F: Intermediate risk of recurrence, prostate cancer

OR

High Risk of Recurrence

CPT II 3273F: High risk of recurrence, prostate cancer

OR

Risk of Recurrence not Determined

CPT II 3274F: Prostate cancer risk of recurrence not determined or neither low, intermediate nor high

OR

Bone Scan Performed

(Two CPT II codes [3269F & 3271F] are required on the claim form to submit this numerator option)

CPT II 3269F: Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

RATIONALE:

A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence and receiving primary therapy. This measure is written as a negative measure so that the performance goal is 100%, consistent with the other measures for this condition.

CLINICAL RECOMMENDATION STATEMENTS:

Routine use of a bone scan is not required for staging asymptomatic men with clinically localized prostate cancer when their PSA is equal to or less than 20.0 ng/mL. (AUA, 2009)

For symptomatic patients and/or those with a life expectancy of greater than 5 years, a bone scan is appropriate for patients with any of the following: 1) T1 disease with PSA over 20 ng/mL or T2 disease with PSA over 10 ng/mL; 2) a Gleason score of 8 or higher; 3) T3 to T4 tumors or symptomatic disease. (Category 2A) (NCCN, 2011)