

▲ Measure #104 (NQF 0390): Prostate Cancer: Adjuvant Hormonal Therapy for High 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 high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)

INSTRUCTIONS:

This measure is to be reported **once per episode** of radiation therapy for **all male** patients with prostate cancer who receive external beam radiotherapy to the prostate 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 external beam radiotherapy to the prostate** 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 and/or quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM/ICD-10-CM diagnosis code, CPT code, and the appropriate CPT Category II code **AND/OR** quality-data code **OR** the CPT Category II code **with** the modifier **AND** quality-data code. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reason not otherwise specified. 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 high risk of recurrence receiving external beam radiotherapy to the prostate

DENOMINATOR NOTE: Only male patients with prostate cancer with high 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): 77427

NUMERATOR:

Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)

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)

Prescribed – Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

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:

Adjuvant Hormonal Therapy Prescribed/Administered

(One CPT II code & one quality-data code [4164F & G8465] are required on the claim form to submit this numerator option)

CPT II 4164F: Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist) prescribed/administered

AND

G8465: High risk of recurrence of prostate cancer

OR

Adjuvant Hormonal Therapy not Prescribed/Administered for Medical or Patient Reasons

(One CPT II code & one quality-data code [4164F-xP & G8465] are required on the claim form to submit this numerator option)

Append a modifier (1P or 2P) to CPT Category II code 4164F to report documented circumstances that appropriately exclude patients from the denominator.

4164F with 1P: Documentation of medical reason(s) for not prescribing/administering adjuvant hormonal therapy (eg, salvage therapy)

4164F with 2P: Documentation of patient reason(s) for not prescribing/administering adjuvant hormonal therapy

AND

G8465: High risk of recurrence of prostate cancer

OR

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

(One quality-data code [G8464] is required on the claim form to submit this numerator option)

G8464: Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; Low or intermediate risk of recurrence OR risk of recurrence not determined

OR

Adjuvant Hormonal Therapy not Prescribed/Administered, Reason not Otherwise Specified

(One CPT II code & one quality-data code [4164F-8P & G8465] are required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 4164F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

4164F with 8P: Patients who were not prescribed/administered adjuvant hormonal therapy, reason not otherwise specified

AND

G8465: High risk of recurrence of prostate cancer

RATIONALE:

If receiving external beam radiotherapy as primary therapy, prostate cancer patients with a high risk of recurrence should also be prescribed hormonal therapy, which has been shown to increase the effectiveness of the radiotherapy.

CLINICAL RECOMMENDATION STATEMENTS:

When counseling patients regarding treatment options, physicians should consider the following:

Based on results of two randomized controlled clinical trials, the use of adjuvant and concurrent hormonal therapy may prolong survival in the patient who has opted for radiotherapy. (AUA, 2007)

High risk patients who are considering specific treatment options should be informed of findings of recent high quality clinical trials, including that:

For those considering external beam radiotherapy, use of hormonal therapy combined with conventional radiotherapy may prolong survival. (Standard) (AUA, 2007)

There are several treatment options for patients with high-risk disease. The preferred treatment is 3D-CRT/IMRT with daily IGRT in conjunction with long-term ADT; ADT alone is insufficient. In particular, patients with low volume, high grade tumor warrant aggressive local radiation combined with typically 2-3 years of ADT. (Category 1) (NCCN, 2011)