

Oncology
Physician Performance Measurement Set

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Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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Purpose of Measures:

These clinical performance measures, developed by the American Society for Therapeutic Radiology and Oncology, American Society of Clinical Oncology, and the Physician Consortium for Performance Improvement® (Consortium), are designed for individual quality improvement. Unless otherwise indicated, the measures are also appropriate for accountability if appropriate methodological, statistical, and implementation rules are achieved.

Accountability Measures:

- Measure #1: Cancer stage documented
- Measure #2: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer
- Measure #3: Chemotherapy for Stage IIIA through IIIC colon cancer patients
- Measure #4: Plan for chemotherapy documented
- Measure #6: Treatment summary communication – Radiation oncology
- Measure #7: Radiation dose limits to normal tissues
- Measure #8: Pain intensity quantified – Medical oncology and radiation oncology
- Measure #9: Plan of care for pain – Medical oncology and radiation oncology

Quality Improvement only:

- Measure #5: Treatment summary documented and communicated – Medical oncology
- Measure #10: Pathology report

Intended Audience and Patient Population:

These measures are designed for use by physicians and for calculating reporting or performance measurement at the individual physician level. When existing hospital-level or plan-level measures are available for the same measurement topics, the Consortium attempts to harmonize the measures to the extent feasible.

These measures are designed for oncologists and other physicians managing the care of patients with cancer.

The Consortium also encourages the use of these measures by non-physician health professionals, where appropriate.

Measure Specifications

The Consortium seeks to specify measures for implementation using multiple data sources, including paper medical record, administrative (claims) data, and particular emphasis on Electronic Health Record Systems (EHRS). Specifications to report on these measures for Oncology using administrative (claims) data are included in this document. We have identified codes for these measures, including ICD-9 and CPT (Evaluation & Management Codes, Category I and where Category II codes would apply). Specifications for additional data sources, including EHRS, will be fully developed at a later date.

Measure Exclusions:

For process measures, the Consortium provides three categories of reasons for which a patient may be excluded from the denominator of an individual measure:

- **Medical reasons**
Includes:
 - not indicated (absence of organ/limb, already received/performed, other)
 - contraindicated (patient allergic history, potential adverse drug interaction, other)
- **Patient reasons**
Includes:
 - patient declined
 - economic, social, or religious reasons
 - other patient reasons
- **System reasons**
Includes:

- resources to perform the services not available
- insurance coverage/payor-related limitations
- other reasons attributable to health care delivery system

These measure exclusion categories are not available uniformly across all measures; for each measure, there must be a clear rationale to permit an exclusion for a medical, patient, or system reason. The exclusion of a patient may be reported by appending the appropriate modifier to the CPT Category II code designated for the measure:

- **Medical reasons:** modifier 1P
- **Patient reasons:** modifier 2P
- **System reasons:** modifier 3P

Although this methodology does not require the external reporting of more detailed exclusion data, the Consortium recommends that physicians document the *specific* reasons for exclusion in patients' medical records for purposes of optimal patient management and audit-readiness. The Consortium also advocates the systematic review and analysis of each physician's exclusions data to identify practice patterns and opportunities for quality improvement. For example, it is possible for implementers to calculate the percentage of patients that physicians have identified as meeting the criteria for exclusion.

Please refer to documentation for each individual measure for information on the acceptable exclusion categories and the codes and modifiers to be used for reporting.

Measures #1-10 in the Oncology measurement set are process measures.

For **outcome measures**, the Consortium specifically identifies all acceptable reasons for which a patient may be excluded from the denominator. Each specified reason is reportable with a CPT Category II code designated for that purpose.

There are no outcome measures in the Oncology measurement set.

The Consortium continues to evaluate and likely will evolve its methodology for handling exclusions as it gains experience in the use of the measures.

Data Capture and Measure Calculation

The Consortium intends for physicians to collect data on each patient eligible for a measure. Feedback on measures should be available to physicians by patient to facilitate patient management and in aggregate to identify opportunities for improvement across a physician's patient population.

Measure calculations will differ depending on whether a rate is being calculated for performance or reporting purposes.

The method of calculation for performance follows these steps: first, identify the patients who meet the eligibility criteria for the denominator (PD); second, identify which of those patients meet the numerator criteria (A); and third, for those patients who do not meet the numerator criteria, determine whether an appropriate exclusion applies and subtract those patients from the denominator (C). (see examples below)

The methodology also enables implementers to calculate the rates of patient exclusions and to further analyze both low and high rates, as appropriate (see examples below).

The method of calculation for reporting differs. One program which currently focuses on reporting rates is the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI). Currently, under that program design, there will be a reporting denominator determined solely from claims data (CPT and ICD-9), which in some cases result in a reporting denominator that is much larger than the eligible population for the performance denominator. Additional components of the reporting denominator are explained below.

The components that make up the numerator for reporting include all patients from the eligible population for which the physician has reported, including: the number of patients who meet the numerator criteria (A), the number of patients for whom valid exclusions apply (C) and also the number of patients who do not meet the numerator criteria (D). These components, where

applicable, are summed together to make up the inclusive reporting numerator. The calculation for reporting will be the reporting numerator divided by the reporting denominator. (see examples below).

Examples of calculations for reporting and performance are provided for each measure.

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Numerator (A) Includes:

Number of patients meeting numerator criteria

Performance Denominator (PD) Includes:

Number of patients meeting criteria for denominator inclusion

Denominator Exclusions (C) Include:

Number of patients with valid medical, patient or system exclusions (where applicable; will differ by measure)

Performance Calculation

$$\frac{A \text{ (# of patients meeting numerator criteria)}}{PD \text{ (# patients in denominator)} - C \text{ (# patients with valid denominator exclusions)}}$$

It is also possible to calculate the percentage of patients excluded overall, or excluded by medical, patient, or system reason where applicable:

Overall Exclusion Calculation

$$\frac{C \text{ (# of patients with any valid exclusion)}}{PD \text{ (# patients in denominator)}}$$

OR

Exclusion Calculation by Type

$$\frac{C_1 \text{ (# patients with medical reason)}}{PD \text{ (# patients in denominator)}}$$

$$\frac{C_2 \text{ (# patients with patient reason)}}{PD \text{ (# patients in denominator)}}$$

$$\frac{C_3 \text{ (# patients with system reason)}}{PD \text{ (# patients in denominator)}}$$

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following components, where applicable. (There may be instances where there are no patients to include in A, C, D, or E).

A. Number of patients meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone) AND numerator criteria

C. Number of patients with valid medical, patient or system exclusions (where applicable; will differ by measure)

D. Number of patients not meeting numerator criteria and without a valid exclusion

E. All other patients not meeting additional denominator criteria (for measures where true denominator cannot be determined through ICD-9 and CPT Category I coding alone)

Reporting Denominator (RD) Includes:

RD. Denominator criteria (identifiable through ICD-9 and CPT Category I coding)

Reporting Calculation

$$\frac{A(\text{\# of patients meeting additional denominator criteria AND numerator criteria}) + C(\text{\# of patients with valid exclusions}) + D(\text{\# of patients NOT meeting numerator criteria}) + E(\text{\# of patients not meeting additional denominator criteria})}{RD (\text{\# of patients in denominator})}$$

Oncology

Measure #1: Cancer Stage Documented

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator: Patients who have a baseline AJCC cancer stage* or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period</p> <p><i>*Cancer stage refers to stage at diagnosis</i></p> <p>Denominator: All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting</p> <p>Denominator Exclusion: None</p> <p>Measure: Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>A simple classification scheme, which can be incorporated into a form for staging and can be universally applied, is the goal of the TNM system as proposed by the AJCC. Thus, examination during the surgical procedure and histologic examination of the surgically removed tissues may identify significant additional indicators of the prognosis of the patient (T, N, and M) as different from what could be discerned clinically before therapy. Because this is that pathologic (pTNM) classification and stage grouping (based on examination of a surgically resected specimen with sufficient tissue to evaluate the highest T, N, or M classification), it is recorded in addition to the clinical classification. It does not replace the clinical classification. Both should be maintained in the patient's permanent medical record...It is intended to provide a means by which this information can readily be communicated to others, to assist in therapeutic decisions, and to help estimate prognosis. (Joint Committee on Cancer 2002)¹</p> <p>A central component of the treatment of breast cancer is full knowledge of extent of disease and biological features. The need for and selection of various local or systemic therapies are based on a number of prognostic and predictive factors. These factors include tumor histology, clinical and pathologic characteristics of the primary tumor, axillary node status, tumor hormone receptor content, tumor HER2 status, presence or absence of detectable metastatic disease, patient comorbid conditions, patient age, and menopausal status. (NCCN 2007)²</p>
<p>Rationale for the measure:</p> <p>Cancer stage is a critical component in determining treatment options for patients with cancer. Though critically important, cancer stage is not always documented in the medical record. This measure is intended to be reported at least once per 12 month reporting period.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u></p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p> <p>Performance Numerator (A) Includes:</p> <ul style="list-style-type: none">• Patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record

Performance Denominator (PD) Includes:

- All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting

Performance Calculation

$$\frac{\text{A (\# of patients meeting numerator criteria)}}{\text{PD (\# of patients in denominator)}}$$

Components for this measure are defined as:

A	# of patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record
PD	# of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record
- D. Patients who do not have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record

Reporting Denominator (RD) Includes:

- All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting

Reporting Calculation

$$\frac{\text{A(\# of patients meeting numerator criteria) + D(\# of patients NOT meeting numerator criteria)}}{\text{RD (\# of patients in denominator)}}$$

Components for this measure are defined as:

A	# of patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record
D	# of patients who do not have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record
RD	# of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting

Measure Specifications – Measure #1: Cancer Stage Documented

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting

- ICD-9 diagnosis codes: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (malignant neoplasm of female breast), 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9 (malignant neoplasm of colon), 154.0, 154.1, 154.2, 154.3, 154.8 (malignant neoplasm of rectum and anus)

AND either option 1 or 2

1. Chemotherapy

- CPT® E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99024 (post-operative follow-up visit)

OR

2. Radiation therapy

- CPT® codes for radiation treatment planning: 77261, 77262, 77263

Denominator Exclusion: None

Numerator: Patients who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period

- Report one of the following CPT Category II codes:
3300F – American Joint Committee on Cancer (AJCC) stage documented and reviewed
OR
3301F - Cancer stage documented in medical record as metastatic and reviewed

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Oncology

Measure #2: Hormonal Therapy for Stage IC through IIIC, ER/PR Positive Breast Cancer

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p> <p>Denominator All female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer</p> <p>Denominator Exclusions: Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (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)</p> <p>Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal)</p> <p>Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial)</p> <p>Measure: Percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>Adjuvant therapy for postmenopausal women with hormone receptor–positive breast cancer should include an aromatase inhibitor in order to lower the risk of tumor recurrence. Aromatase inhibitors are appropriate as initial treatment for women with contraindications to tamoxifen. For all other postmenopausal women, treatment options include 5 years of aromatase inhibitors treatment or sequential therapy consisting of tamoxifen (for either 2 to 3 years or 5 years) followed by aromatase inhibitors for 2 to 3, or 5 years (ASCO guidelines include narrative rankings). (ASCO³)</p> <p>Patients intolerant of aromatase inhibitors should receive tamoxifen. Women with hormone receptor–negative tumors should not receive adjuvant endocrine therapy (ASCO guidelines include narrative rankings). (ASCO³)</p> <p>Patients with invasive breast cancers that are estrogen or progesterone receptor positive should be considered for adjuvant endocrine therapy regardless of patient age, lymph node status, or whether or not adjuvant chemotherapy is to be administered (Category 2A). (NCCN⁴)</p> <p>The most firmly established adjuvant endocrine therapy is tamoxifen for both premenopausal and postmenopausal women. Prospective, randomized trials demonstrate that the optimal duration of tamoxifen appears to be five years. In patients receiving both tamoxifen and chemotherapy, chemotherapy should be given first, followed by sequential tamoxifen. Several studies have evaluated aromatase inhibitors in the treatment of postmenopausal women with early-stage breast cancer (Category 2A). (NCCN⁴)</p>
<p>Rationale for the measure: Despite evidence suggesting the role of adjuvant endocrine therapy in lowering the risk of tumor recurrence, many female patients who should be receiving this therapy are not. This measure assesses whether patients with a certain stage of breast cancer (IC-III) and ER/PR+ are currently receiving the therapy. There are allowable medical, patient, and system reasons to document instances</p>

in which a woman with stage IC-III, ER/PR+ may not be a candidate for the therapy. Note: the reporting/managing physician does not need to have actually written the prescription; however the reporting/managing physician must verify that the patient already has been prescribed the hormonal therapy by another physician

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Performance Numerator (A) Includes:

- Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period

Performance Denominator (PD) Includes:

- Female patients aged 18 years and older AND
- Stage IC through IIIC breast cancer AND
- Estrogen receptor (ER) OR progesterone receptor (PR) positive

Performance Denominator Exclusions (C) Include:

- Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) (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)
- Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) (eg, patient refusal)
- Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) (eg, patient is currently enrolled in a clinical trial)

Performance Calculation

$$\frac{A \text{ (\# of patients meeting measure criteria)}}{PD \text{ (\# of patients in denominator)} - C \text{ (\# of patients with valid denominator exclusions)}}$$

Components for this measure are defined as:

A	# of patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period
PD	# of female patients aged 18 years and older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer
C	# of patients who were not prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period but for whom there is a documented medical, patient, or system reason for not doing so

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A.** Stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period
- C.** Stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients but for whom there is a documented medical, patient, or system reason for not doing so
- D.** Stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients who were not prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period and there is no documented reason for not doing so
- E.** Patients with Stage 0, Stage I [-T1 mic, -T1a, or -T1b (tumor size \leq 1 cm)] OR Stage IV breast cancer or patients who are not estrogen receptor (ER) or progesterone receptor (PR) positive

Reporting Denominator (RD) Includes:

- Female patients aged 18 years and older with a diagnosis of breast cancer

Reporting Calculation

$$\frac{\text{A}(\# \text{ of patients meeting additional denominator criteria AND meeting numerator criteria}) + \text{C}(\# \text{ of patients meeting additional denominator criteria with valid exclusions}) + \text{D}(\# \text{ of patients meeting additional denominator criteria NOT meeting numerator criteria}) + \text{E}(\# \text{ of patients not meeting additional denominator criteria})}{\text{RD} (\# \text{ of patients in denominator})}$$

Components for this measure are defined as:

A	# of stage IC through IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period
C	# of stage IC through stage IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients who were not prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period but for whom there is a documented medical, patient, or system reason for not doing so
D	# of stage IC through stage IIIC breast cancer AND estrogen receptor (ER) OR progesterone receptor (PR) positive patients who were not prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period and there is <u>no</u> documented reason for not doing so
E	# of patients with stage 0, Stage I [-T1 mic, -T1a, or -T1b (tumor size \leq 1 cm)] OR stage IV breast cancer or who are not estrogen receptor (ER) or progesterone receptor (PR) positive
RD	# of female patients aged 18 years and older with a diagnosis of breast cancer

Measure Specifications – Measure #2: Hormonal Therapy for Stage IC through IIIC, ER/PR Positive Breast Cancer
Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All female patients aged 18 years or older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

- ICD-9 diagnosis codes: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (malignant neoplasm of female breast)

AND

CPT® E/M Service Code:

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- CPT Category II code for stage IC through IIIC cancer from the following table:
3XXXF1-AJCC Breast Cancer Stage I: T1c (tumor size > 1cm to 2 cm), documented
3XXXF2- AJCC Breast Cancer Stage II, documented
3XXXF3- AJCC Breast Cancer Stage III, documented

AND

- CPT Category II code 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer:

Additional CPT II Denominator Codes -For Reporting Purposes

3XXXF4- AJCC Breast Cancer Stage 0, documented

3XXXF5- AJCC Stage I: T1mic, T1a or T1b (tumor size < 1cm), documented

3XXXF6- AJCC Breast Cancer Stage IV, documented

OR

3316F: Estrogen Receptor (ER) and progesterone receptor (PR) negative breast cancer

Numerator: Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period

- Report the CPT Category II code: 4179F - Tamoxifen or aromatase inhibitor (AI) prescribed

Denominator Exclusion: Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period (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)

- Append modifier to CPT Category II code: 4179F-1P

Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period (eg, patient refusal)

- Append modifier to CPT Category II code: 4179F-2P

Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period (eg, patient is currently enrolled in a clinical trial)

- Append modifier to CPT Category II code: 4179F-3P

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B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Oncology

Measure #3: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator: Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy* within the 12 month reporting period</p> <p><i>*According to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin</i></p> <p>Denominator: All patients aged 18 years and older with Stage IIIA through IIIC colon cancer</p> <p>Denominator Exclusion: Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, patient's cancer has metastasized, medical contraindication/allergy, poor performance status)</p> <p>Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal)</p> <p>Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)</p> <p>Measure: Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or have previously received adjuvant chemotherapy within the 12 month reporting period</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>Following primary surgical treatment, the panel recommends six months of 5-fluorouracil/leucovorin capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin as adjuvant chemotherapy for patients with stage III (T1-4, N1-2, M0) colon cancer (Category 2A). (NCCN⁵)</p>
<p>Rationale for the measure:</p> <p>Patients with Stage IIIA through Stage IIIC colon cancer do not always receive the recommended treatment of adjuvant chemotherapy. This measure is intended to determine whether and how often chemotherapy is administered. The specific chemotherapy drugs specified in this measure reflect the most current guidelines of the National Comprehensive Cancer Network.</p>

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Performance Numerator (A) Includes:

- Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period

Performance Denominator (PD) Includes:

- Patients aged 18 years and older AND
- Stage IIIA through IIIC colon cancer

Performance Denominator Exclusions (C) Include:

- Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, patient's cancer has metastasized, medical contraindication/allergy, poor performance status)
- Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal)
- Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)

Performance Calculation

$$\frac{\text{A (\# of patients meeting measure criteria)}}{\text{PD (\# of patients in denominator) - C (\# of patients with valid denominator exclusions)}}$$

Components for this measure are defined as:

A	# of patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period
PD	# of patients aged 18 years and older with Stage IIIA through IIIC colon cancer
C	# of patients who are not referred for or prescribed adjuvant chemotherapy within the 12 month reporting period but for whom there is a documented medical, patient, or system reason for not doing so

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

A. Stage IIIA through IIIC colon cancer patients who were referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period

C. Stage IIIA through IIIC colon cancer patients who were not referred for or prescribed adjuvant chemotherapy within the 12 month reporting period but for whom there is a documented medical, patient, or system reason for not doing so

D. Stage IIIA through IIIC colon cancer patients who were not referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have not previously received adjuvant chemotherapy within the 12 month reporting period and there is no documented reason for not doing so

E. Patients with Stage 0, I, II or IV colon cancer

Reporting Denominator (RD) Includes:

- Patients aged 18 years and older with a diagnosis of colon cancer

Reporting Calculation

$$\frac{A(\text{\# of patients meeting additional denominator criteria AND meeting numerator criteria}) + C(\text{\# of patients meeting additional denominator criteria with valid exclusions}) + D(\text{\# of patients meeting additional denominator criteria NOT meeting numerator criteria}) + E(\text{\# of patients not meeting additional denominator criteria})}{RD(\text{\# of patients in denominator})}$$

RD (# of patients in denominator)

Components for this measure are defined as:

A	# of stage IIIA through IIIC colon cancer patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12 month reporting period
C	# of stage IIIA through IIIC colon cancer patients who are not referred for or prescribed adjuvant chemotherapy within the 12 month reporting period but for whom there is a documented medical, patient, or system reason for not doing so
D	# of stage IIIA through IIIC colon cancer patients who are not referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy prescribed, or who have not previously received adjuvant chemotherapy within the 12 month reporting period and there is <u>no</u> documented reason for not doing so
E	# of patients with Stage 0, I, II or IV colon cancer
RD	# of patients aged 18 years and older with a diagnosis of colon cancer

Measure Specifications – *Measure #3: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients*
Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All patients aged 18 years and older with Stage IIIA through IIIC colon cancer

CPT® E/M Service Code:

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- ICD-9 diagnosis codes: 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9 (malignant neoplasm of colon)

AND

- CPT Category II code for stage IIIA through IIIC cancer (*in development*):
3XXXF1-AJCC Colon cancer, Stage III, documented

Additional CPT II Denominator Codes -For Reporting Purposes (*in development*)

3XXXF2- AJCC Colon cancer, Stage 0, documented

3XXXF2- AJCC Colon cancer, Stage I, documented

3XXXF2- AJCC Colon cancer, Stage II, documented

3XXXF2- AJCC Colon cancer, Stage IV, documented

Denominator Exclusion:

Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy within the 12 month reporting period (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, patient's cancer has metastasized; medical contraindication/allergy, poor performance status)

- Append modifier to CPT Category II code: 4180F-1P

Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy within the 12 month reporting period (eg, patient refusal)

- Append modifier to CPT Category II code: 4180F-2P

Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy within the 12 month reporting period (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)

- Append modifier to CPT Category II code: 4180F-3P

Numerator: Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period
(*according to current NCCN guidelines, the following therapies are recommended: 5-fluorouracil/leucovorin or capecitabine, or 5-fluorouracil/leucovorin/oxaliplatin*)

- Report the CPT Category II code: 4180F - Adjuvant chemotherapy referred, prescribed, or previously received for Stage IIIA through IIIC colon cancer

B. Electronic Health Record System (*in development*)

C. Paper Medical Record (*in development*)

Oncology

Measure #4: Plan for Chemotherapy Documented

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator: Patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen</p> <p><i>Note: Abbreviated documentation is acceptable only if: a) there is a standard, written definition for the abbreviation that includes details of the medications, dose and duration, that is physically available at the practice or in the practice EHR/Electronic System or b) the abbreviated documentation includes a reference to a published regimen.</i></p> <p>Denominator: All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy</p> <p>Denominator Exclusion: None</p> <p>Measure: Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>American Society of Clinical Oncology, "Chemotherapy Treatment Summary," (www.asco.org/treatmentsummary) specifies that a treatment plan should include the following information about the planned chemotherapy regimen:</p> <ul style="list-style-type: none">• Chemotherapy regimen and starting dosages• Duration of treatment and number of planned cycles <p>ASCO⁶</p>
<p>Rationale for the measure:</p> <p>A detailed plan for the chemotherapy regimen is a critical component of ensuring safety and high quality care for patients. There are no exclusions for this measure.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u></p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p> <p>Performance Numerator (A) Includes:</p> <p>Patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen</p> <p>Performance Denominator (PD) Includes:</p> <ul style="list-style-type: none">• Patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy <p style="text-align: center;">Performance Calculation</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;">$\frac{\text{A (\# of patients meeting numerator criteria)}}{\text{PD (\# of patients in denominator)}}$</div>

Components for this measure are defined as:

A	# of patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen
PD	# of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator.

Reporting Numerator includes each of the following instances:

- A. Patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen
- D. Patients for whom the planned chemotherapy regimen is not documented prior to the initiation of a new treatment regimen

Reporting Denominator (RD) Includes:

- Patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy

Reporting Calculation

$\frac{A(\text{\# of patients meeting numerator criteria}) + D(\text{\# of patients NOT meeting numerator criteria})}{RD (\text{\# of patients in denominator})}$

Components for this measure are defined as:

A	# of patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen
D	# of patients for whom the planned chemotherapy regimen is not documented prior to the initiation of a new treatment regimen
RD	# of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy

Measure Specifications – Measure #4: Plan for Chemotherapy Documented

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy

- ICD-9 diagnosis codes: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (malignant neoplasm of female breast), 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9 (malignant neoplasm of colon), 154.0, 154.1, 154.2, 154.3, 154.8 (malignant neoplasm of rectum, rectosigmoid junction, and anus)

AND

- CPT® E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- CPT procedure codes: 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521, 96522, 96523, 96542, 96549 (chemotherapy administration)

Denominator Exclusion: *None*

Numerator: Patients for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen

- Report the CPT Category II code: 0519F - Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Oncology

Measure #5: Treatment Summary Documented and Communicated– Medical Oncology

This measure may be used as a Quality Improvement measure only

Clinical Performance Measure

Numerator: (this numerator has 3 components that must be calculated individually):

- A. Patients who have a chemotherapy treatment summary* documented in the chart
- B. Patients who have a documentation that a written chemotherapy treatment summary* was provided to the patient
- C. Patients who have documentation that the chemotherapy treatment summary* was communicated to the physician(s) providing continuing care

**Treatment Summary definition - a report that includes mention of all of the following components: 1) chemotherapy treatment delivered (including number of cycles administered, duration, and extent of dose reduction); 2) reason treatment was stopped; 3) major toxicities and/or hospitalizations; 4) treatment response; 5) follow up care and relevant providers.*

This measure requires that ALL components listed within the numerator statement should be provided in order to meet the measure.

Denominator: All patients, regardless of age, with a diagnosis of cancer who have completed adjuvant chemotherapy treatment within the 12 month reporting period

Denominator Exclusion:

Documentation of a patient reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the chemotherapy treatment summary was communicated to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient requests that report not be sent)

Documentation of system reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the written chemotherapy treatment summary was provided to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care)

This measure requires that ALL components listed within the numerator statement should be provided in order to meet the measure.

Measure: Percentage of patients, regardless of age, with a diagnosis of cancer who have completed chemotherapy within the 12 month reporting period who: A) have a chemotherapy treatment summary* documented in the chart; AND B) have a documentation that the written chemotherapy treatment summary* was provided to the patient; AND C) have documentation that the chemotherapy treatment summary* was communicated to the physician(s) providing continuing care

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The chemotherapy treatment summary should be prepared at the completion of a course of treatment. The core elements of a chemotherapy treatment summary are:

- Chemotherapy treatment delivered, including number of cycles administered, duration, and extent of dose reduction
- Reason treatment was stopped
- Major toxicities and/or hospitalizations
- Treatment response

- Follow up care and relevant providers

This may occur at the end of a course of adjuvant therapy, before a planned surgical resection, or after disease progression. Treatment breaks, holidays, and minor modifications are not envisioned as triggering preparation of such a summary. The treatment plan and summary are not intended to replace detailed chart documentation, including complete patient histories or chemotherapy flow sheets. (ASCO)

Rationale for the measure:

Timely, accurate, and effective communications are critical to quality and value in contemporary medical practices. This measure is broken into 3 distinct components to encourage sharing of communication about the patient's course of treatment with the patient him/herself, the physician providing continuing care for the patient, and documented in the medical record. Since each component of the numerator will be scored separately, physicians will know exactly which aspect of care may need improvement.

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Performance Numerator (A) Includes:

- Patients who have a chemotherapy treatment summary documented in the chart **AND** who have a documentation that the written chemotherapy treatment summary was provided to the patient **AND** who have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care

Performance Denominator (PD) Includes:

- All patients, regardless of age, with a diagnosis of cancer **AND**
- Patients who have completed adjuvant chemotherapy treatment within the 12 month reporting period

Performance Denominator Exclusions (C) Include:

- Documentation of patient reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the chemotherapy treatment summary was communicated to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient requests that report not be sent)
- Documentation of system reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the written chemotherapy treatment summary was provided to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care)

Performance Calculation

$$\frac{A \text{ (\# of patients meeting measure criteria)}}{PD \text{ (\# of patients in denominator)} - C \text{ (\# of patients with valid denominator exclusions)}}$$

Components for this measure are defined as:

A	# of patients who have a chemotherapy treatment summary documented in the chart AND who have a documentation that the written chemotherapy treatment summary was provided to the patient AND who have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care
PD	# of patients with a diagnosis of cancer who have completed adjuvant chemotherapy treatment within the 12 month reporting period
C	# of patients with documented patient or system reason(s) for not having either a chemotherapy

		treatment summary documented in the chart OR not having documentation that the written chemotherapy treatment summary was provided to the patient OR not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care	
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202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01, 205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91 (lymphatic and hematopoietic tissue cancer), 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.90, 236.91, 236.99, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.70, 237.71, 237.72, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.79, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8, 239.9 (neoplasms of unspecified nature)

AND

- CPT Category II code adjuvant chemotherapy treatment completed within the 12 month reporting period (in development): XXXXF

This measure requires that ALL components listed within the numerator statement be reported to meet the measure . If denominator exclusion CPT-II code(s) is (are) reported for any of the components, it is required that CPT-II codes be reported for the other elements of care.

Denominator Exclusion: Documentation of patient reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the written chemotherapy treatment summary was provided to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient requests that report not be sent)

Append to the CPT-II code for each component as appropriate.

- Append modifier to CPT Category II code (in development): XXXXF-2P
- Append modifier to CPT Category II code (in development): XXXXF-2P
- Append modifier to CPT Category II code (in development): XXXXF-2P

Documentation of system reason(s) for not having either a chemotherapy treatment summary documented in the chart **OR** not having documentation that the written chemotherapy treatment summary was provided to the patient **OR** not having documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care)

Append to the CPT-II code for each component as appropriate.

- Append modifier to CPT Category II code (in development): XXXXF-3P
- Append modifier to CPT Category II code (in development): XXXXF-3P
- Append modifier to CPT Category II code (in development): XXXXF-3P

This measure requires that ALL components listed within the numerator statement be reported to meet the measure, and all 3 components should be individually provided as feedback to the physician.

Numerator: Patients who have a chemotherapy treatment summary documented in the chart **AND** who have a documentation that the chemotherapy treatment summary was communicated to the patient **AND** who have documentation that the chemotherapy treatment summary was communicated to the physician(s) providing continuing care

- Report the CPT Category II code (in development) designated for patients who have a chemotherapy treatment summary documented in the chart: XXXXF

AND

- Report the CPT Category II code (in development) designated for patients who have a documentation that the written chemotherapy treatment summary was provided to the patient: XXXXF

AND

- Report the CPT Category II code (in development) designated for patients who have documentation that the

chemotherapy treatment summary was communicated to the physician(s) providing continuing care: XXXXF
B. Electronic Health Record System <i>(in development)</i>
C. Paper Medical Record <i>(in development)</i>

Oncology

Measure #6: Treatment Summary Communication – Radiation Oncology

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator: Patients who have a treatment summary* report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</p> <p><i>*Treatment Summary definition - a report that includes mention of all of the following components: 1) dose delivered; 2) relevant assessment of tolerance to and progress towards the treatment goals; and 3) subsequent care plans</i></p> <p>Denominator: All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy</p> <p>Denominator Exclusion: Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient requests that report not be sent) and to the patient within one month of completing treatment Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care) and to the patient within one month of completing treatment</p> <p>Measure: Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>A summary should be generated that accurately describes the treatment process, the doses delivered to the target/tumor volume and other key organs, relevant assessment of tolerance to and progress towards the treatment goals, and subsequent care plans. The style will reflect the radiation oncologist's individual practice convention and the referral provider's needs. The style, content, and detail of this summary must be tailored to the clinical setting and prevailing practice norms. It should contain elements that accurately and succinctly reflect the program of care administered in a language understandable to the non-radiation oncologist. It is suggested that, the report to the referring physician include a request for periodic updates on the patient's progress. These updates will facilitate continuity of care should the patient require further radiation therapy. (not ranked) (ACR⁷)</p>
<p>Rationale for the measure:</p> <p>Timely, accurate, and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution of radiation oncologists concerning patient care, responsible utilization, and quality are provided, especially to primary care physicians, other oncologists and specialists, and allied healthcare providers (nurses, tumor registrars, quality assurance personnel, third-party reviewers, etc). (ACR⁷)</p>

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Performance Numerator (A) Includes:

- Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment

Performance Denominator (PD) Includes:

- All patients, regardless of age, with a diagnosis of cancer AND
- Patients who have undergone brachytherapy or external beam radiation therapy

Performance Denominator Exclusions (C) Include:

- Documentation of patient reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care (eg, patient requests that report not be sent) and to the patient within one month of completing treatment
- Documentation of system reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care) and to the patient within one month of completing treatment

Performance Calculation

$$\frac{\text{A (\# of patients meeting measure criteria)}}{\text{PD (\# of patients in denominator) - C (\# of patients with valid denominator exclusions)}}$$

Components for this measure are defined as:

A	# of patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment
PD	# of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy
C	# of patients with documented patient or system reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A.** Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment
- C.** Documented patient or system reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment

D. Patients who do not have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment and there is no documented reason for not doing so

Reporting Denominator (RD) Includes:

- All patients, regardless of age, with a diagnosis of cancer AND
- Patients who have undergone brachytherapy or external beam radiation therapy

Reporting Calculation

$$\frac{A(\text{\# of patients meeting numerator criteria}) + C(\text{\# of patients with valid exclusions}) + D(\text{\# of patients NOT meeting numerator criteria})}{RD (\text{\# of patients in denominator})}$$

Components for this measure are defined as:

A	# of patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment
C	# of patients who do not have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment but for whom there is a documented patient or system reason for not doing so
D	# of patients who do not have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment and there is <u>no</u> documented reason for not doing so
RD	# of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy

Measure Specifications – Measure #6: Treatment Summary Communication – Radiation Oncology

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: This measure should be reported once per course of radiation treatment, at the end of the treatment; The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy

- CPT® codes for external beam radiation therapy , weekly management or brachytherapy: 77427, 77431, 77432, 77435, 77470, 77761, 77762, 77763, 77776, 77777, 77778, 77781, 77782, 77783, 77784

AND

- ICD-9 diagnosis codes: 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141.0, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142.0, 142.1, 142.2, 142.8, 142.9, 143.0, 143.1, 143.8, 143.9, 144.0, 144.1, 144.8, 144.9, 145.0, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146.0, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147.0, 147.1, 147.2, 147.3, 147.8, 147.9, 148.0, 148.1, 148.2, 148.3, 148.8, 148.9, 149.0, 149.1, 149.8, 149.9 (lip, oral cavity and pharynx cancer), 150.0, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151.0, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8, 155.0, 155.1, 155.2, 156.0, 156.1, 156.2, 156.8, 156.9, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158.0, 158.8, 158.9, 159.0, 159.1, 159.8, 159.9 (digestive organs and peritoneum cancer), 160.0, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 163.8, 163.9, 164.0, 164.1, 164.2, 164.3, 164.8, 164.9, 165.0, 165.8, 165.9 (respiratory and intrathoracic cancer), 170.0, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171.0, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, 173.9, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9 (bone, connective tissue, skin and breast cancer), 179, 180.0, 180.1, 180.8, 180.9, 181, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184.0, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186.0, 186.9, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188.0, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189.0, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9 (genitourinary organs cancer), 190.0, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192.0, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194.0, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195.0, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.8, 198.9, 199.0, 199.1 (other or unspecified cancer), 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 300.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 300.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 300.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 300.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 300.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58,

202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01, 205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91 (lymphatic and hematopoietic tissue cancer), 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.90, 236.91, 236.99, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.70, 237.71, 237.72, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.79, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8, 239.9 (neoplasms of unspecified nature)

Denominator Exclusion:

Documentation of patient reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care (eg, patient requests that report not be sent) and to the patient within one month of completing treatment

- Append modifier to CPT Category II code: 5020F-2P

Documentation of system reason(s) for not having a treatment summary report in the chart that was communicated to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care) and to the patient within one month of completing treatment

- Append modifier to CPT Category II code: 5020F-3P

Numerator: Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment

- Report the CPT Category II code: 5020F - Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of completing treatment

B. Electronic Health Record System *(in development)*

C. Paper Medical Record *(in development)*

Oncology

Measure #7: Radiation Dose Limits to Normal Tissues

This measure may be used as an Accountability measure

Clinical Performance Measure
<p>Numerator: Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p> <p>Denominator: All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy</p> <p>Denominator exclusions: <i>None</i></p> <p>Measure: Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>“The cognitive process of treatment planning requires the radiation oncologist to have knowledge of the natural history of the tumor to be treated and to determine the tumor site, its extent, and its relationship with adjacent normal tissues. This process is based on consideration of the history, physician examination, endoscopy, diagnostic imaging, findings at surgery, and histology. When ionizing radiation is to be used, the radiation oncologist must select beam characteristics and/or radionuclide sources, method of delivery, doses, and sequencing with other treatments. The sequencing with other treatments should be coordinated in collaboration with medical and surgical oncologists. The radiation oncologist determines the dose to be delivered to the tumor, limiting doses to critical structures (emphasis added), and the fractionation desired.” (ACR 2004)⁸</p>
<p>Rationale for the measure:</p> <p>Identifying normal tissue dose constraints is an important step in the process of care for patients receiving radiation therapy treatments. Although no specific data is available, in its practice accreditation reviews, the American College of Radiation Oncology has found that normal dose constraints are included in the patient chart less frequently than reviewers expected. While dose constraint specification is an integral part of IMRT, it is not required for 3D conformal radiation therapy. Patients treated with 3D conformal radiation therapy are often subjected to dose levels that exceed normal tissue tolerance, and precise specification of maximum doses to be received by normal tissues represent both an intellectual process for the physician during radiation treatment planning, and a fail-safe point for the treating therapists. In most circumstances where facilities require specification of normal tissue dose constraints prior to initiation of therapy, policies and procedures exist that prohibit exceeding those limits in the absence of written physician approval.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u></p> <p>For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p> <p>Performance Numerator (A) Includes:</p> <ul style="list-style-type: none">• Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues <p>Performance Denominator (PD) Includes:</p>

- All patients, regardless of age, with a diagnosis of pancreatic or lung cancer AND
- Patients who receive 3D conformal radiation therapy

Performance Calculation

$$\frac{\text{A (\# of patients meeting numerator criteria)}}{\text{PD (\# of patients in denominator)}}$$

Components for this measure are defined as:

A	# of patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues
PD	# of patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

A. Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

D. Patients who did not have documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

Reporting Denominator (RD) Includes:

- All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy

Reporting Calculation

$$\frac{\text{A(\# of patients meeting numerator criteria) + D(\# of patients NOT meeting numerator criteria)}}{\text{RD (\# of patients in denominator)}}$$

Components for this measure are defined as:

A	# of patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues
D	# of patients who did not have documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation therapy for a minimum of two tissues
RD	# of patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy

Measure Specifications – Measure #7: Radiation Dose Limits to Normal Tissues

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy

- ICD-9 diagnosis codes: 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 197.2

AND

- CPT® code for radiation therapy 3D simulation: 77295

Denominator Exclusion: *None*

Numerator: Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

- Report CPT Category II code: 0520F - Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

B. Electronic Health Record System (in development)

C. Paper Medical Record (in development)

Oncology

Measure #8: Pain Intensity Quantified-Medical Oncology and Radiation Oncology

This measure may be used as an Accountability measure.

This measure is paired with Measure #9- Plan of Care for Pain-Medical Oncology and Radiation Oncology. It is required for patients who report presence of pain that measure #9 is also used.

Clinical Performance Measure
<p>Numerator: Number of patient visits in which pain intensity is quantified*</p> <p><i>* Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, a categorical scale, or the pictorial scale</i></p> <p>Denominator: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy</p> <p>Denominator exclusions: <i>None</i></p> <p>Measure: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>All patients with cancer should be screened during the initial evaluation, at regular intervals, and whenever new therapy is initiated. The standard means for determining how much pain a patient is experiencing relies on a patient's self-report. Severity should be quantified using a 0-10 numerical rating scale, a categorical scale, or the pictorial scale (Wong-Baker Faces Pain Rating Scale). Faces can be used with patients who have difficulty with the above scales, eg, children, the elderly, and patients with language or cultural differences or other communication barriers (Category 2A). (NCCN⁹)</p> <p>Pain intensity must be quantified, as the algorithm bases therapeutic decisions on a numerical value assigned to the severity of pain. Opioid naïve patients experiencing severe or increasing pain should receive rapid escalating doses of short-acting opioids, a bowel regimen, and Nonopioid analgesics as indicated. Psychosocial support is needed to ensure that patients encountering common barriers to appropriate pain control (eg, fear of addiction or side effects, inability to purchase opioids) or needing additional assistance (eg, depression, rapidly declining functional status) receive appropriate aid. Although pain intensity ratings will be obtained frequently to judge opioid dose increases, a formal reassessment is mandated in 24 hours for severe pain (Category 2A). (NCCN¹⁰)</p> <p>Regular, ongoing assessment of pain, nonpain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion and constipation), treatment side effects and functional capacities are documented. Validated instruments, where available, should be used. (NCP¹⁰)</p> <p>All patients should be routinely screened for pain, and when it is present, pain intensity should be recorded in highly visible ways that facilitate regular review by health care providers. A standard for pain assessment and documentation should be established in each setting to ensure that pain is recognized, documented, and treated promptly. (APS¹¹)</p>
<p>Rationale for the measure: Inadequate cancer pain management is widely prevalent, harmful to the patient, and costly. There are no denominator exclusions for this measure.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u> For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.</p>

Performance Numerator (A) Includes:

- Patient visits in which pain intensity was quantified

Performance Denominator (PD) Includes:

- All visits for patients with a diagnosis of cancer AND
- Patients receiving chemotherapy or radiation treatment

Performance Calculation

$$\frac{\text{A (\# of patient visits meeting numerator criteria)}}{\text{PD (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits in which pain intensity was quantified
PD	# of visits for patients, regardless of age, with a diagnosis of a cancer receiving chemotherapy or radiation treatment

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits in which pain intensity was quantified
- D. Patient visits in which pain intensity was not quantified

Reporting Denominator (RD) Includes:

RD. All visits for patients, regardless of age, with a diagnosis of cancer receiving chemotherapy or radiation treatment

Reporting Calculation

$$\frac{\text{A(\# of patient visits meeting numerator criteria) + D(\# of patient visits NOT meeting numerator criteria)}}{\text{RD (\# of patient visits in denominator)}}$$

Components for this measure are defined as:

A	# of patient visits in which pain intensity was quantified
D	# of patients visits in which pain intensity was not quantified
RD	# of visits for patients, regardless of age, with a diagnosis of a cancer receiving chemotherapy or radiation treatment

Measure Specifications – Measure #8: Pain Intensity Quantified-Medical Oncology and Radiation Oncology

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.

The eligible patients for this measure are identified by:

- ICD-9 diagnosis codes: 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141.0, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142.0, 142.1, 142.2, 142.8, 142.9, 143.0, 143.1, 143.8, 143.9, 144.0, 144.1, 144.8, 144.9, 145.0, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146.0, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147.0, 147.1, 147.2, 147.3, 147.8, 147.9, 148.0, 148.1, 148.2, 148.3, 148.8, 148.9, 149.0, 149.1, 149.8, 149.9 (lip, oral cavity and pharynx cancer), 150.0, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151.0, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8, 155.0, 155.1, 155.2, 156.0, 156.1, 156.2, 156.8, 156.9, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158.0, 158.8, 158.9, 159.0, 159.1, 159.8, 159.9 (digestive organs and peritoneum cancer), 160.0, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 163.8, 163.9, 164.0, 164.1, 164.2, 164.3, 164.8, 164.9, 165.0, 165.8, 165.9 (respiratory and intrathoracic cancer), 170.0, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171.0, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, 173.9, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9 (bone, connective tissue, skin and breast cancer), 179, 180.0, 180.1, 180.8, 180.9, 181, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184.0, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186.0, 186.9, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188.0, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189.0, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9 (genitourinary organs cancer), 190.0, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192.0, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194.0, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195.0, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.8, 198.9, 199.0, 199.1 (other or unspecified cancer), 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 300.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 300.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 300.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 300.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 300.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01,

205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91 (lymphatic and hematopoietic tissue cancer), 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.8, 236.9, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.7, 237.8, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.7, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8 (neoplasms of unspecified nature).

AND either option 1 or 2:

1. Chemotherapy

- CPT® E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- CPT procedure codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415-96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521- 96523, 96542, 96549 (chemotherapy administration)

OR

2. Radiation therapy

- CPT® codes for radiation treatment weekly management: 77427, 77431, 77432, 77435, 77470

Denominator Exclusion: *None*

Numerator: Number of patient visits in which pain intensity was quantified

- Report one of the following CPT Category II codes: 1125F - Pain severity quantified; pain present **OR** 1126F - Pain severity quantified; no pain present

B. Electronic Health Record System *(in development)*

C. Paper Medical Record *(in development)*

Oncology

Measure #9: Plan of Care for Pain-Medical Oncology and Radiation Oncology

This measure may be used as an Accountability measure.

This measure is paired with Measure #8-Pain intensity Quantified.

Implementers of this measure should not use Measure #9 without Measure #8.

Clinical Performance Measure
<p>Numerator: Patient visits that included a documented plan of care* to address pain</p> <p><i>*A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.</i></p> <p>Denominator: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain</p> <p>Denominator exclusions: <i>None</i></p> <p>Measure: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>All patients with cancer should be screened during the initial evaluation, at regular intervals, and whenever new therapy is initiated. The standard means for determining how much pain a patient is experiencing relies on a patient's self-report. Severity should be quantified using a 0-10 numerical rating scale, a categorical scale, or the pictorial scale (Wong-Baker Faces Pain Rating Scale). Faces can be used with patients who have difficulty with the above scales, eg, children, the elderly, and patients with language or cultural differences or other communication barriers (Category 2A). (NCCN¹²)</p> <p>Pain intensity must be quantified, as the algorithm bases therapeutic decisions on a numerical value assigned to the severity of pain. Opioid naïve patients experiencing severe or increasing pain should receive rapid escalating doses of short-acting opioids, a bowel regimen, and Nonopioid analgesics as indicated. Psychosocial support is needed to ensure that patients encountering common barriers to appropriate pain control (eg, fear of addiction or side effects, inability to purchase opioids) or needing additional assistance (eg, depression, rapidly declining functional status) receive appropriate aid. Although pain intensity ratings will be obtained frequently to judge opioid dose increases, a formal reassessment is mandated in 24 hours for severe pain (Category 2A). (NCCN¹⁰)</p> <p>For patients whose pain is less than 7 at presentation, the pathways are similar. The main differences include the option to perform the formal pain intensity reassessment less frequently (24-48 hours) and to consider beginning with slower titration of short-acting opioids for patients with moderate pain intensity rating 4-6 or with NSAID or acetaminophen if the patient has mild pain intensity rating from 1 to 0 and is opioid and NSAID-naïve (Category 2A). (NCCN¹⁰)</p> <p>Regular, ongoing assessment of pain, nonpain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion and constipation), treatment side effects and functional capacities are documented. Validated instruments, where available, should be used. (NCP¹³)</p> <p>All patients should be routinely screened for pain, and when it is present, pain intensity should be recorded in highly visible ways that facilitate regular review by health care providers. A standard for pain assessment and documentation should be established in each setting to ensure that pain is recognized, documented, and treated promptly. (APS¹⁴)</p>
<p>Rationale for the measure:</p> <p>Inadequate cancer pain management is widely prevalent, harmful to the patient, and costly. There are no denominator exclusions for this measure.</p>

Data capture and calculations:

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator and Denominator.

Performance Numerator (A) Includes:

- Patient visits that included a documented plan of care to address pain

Performance Denominator (PD) Includes:

- All visits for patients, regardless of age, with a diagnosis of cancer, currently receiving chemotherapy or radiation therapy AND
- A visit where a patient reports having pain

Performance Calculation

$\frac{\text{A (\# of patient visits meeting numerator criteria)}}{\text{PD (\# of patient visits in denominator)}}$
--

Components for this measure are defined as:

A	# of patient visits that included a documented plan of care to address pain
PD	# of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patient visits where a patient reports having pain that included a documented plan of care to address pain
- D. Patient visits where a patient reports having pain that did not include a documented plan of care to address pain
- E. Patient visits that report no pain

Reporting Denominator (RD) Includes:

- All patient visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

Reporting Calculation

$\frac{\text{A(\# of patient visits meeting additional denominator criteria AND meeting numerator criteria) + D(\# of patient visits meeting additional denominator criteria NOT meeting numerator criteria) + E (\# of patient visits not meeting additional denominator criteria)}}{\text{RD (\# of patient visits in denominator)}}$

Components for this measure are defined as:

A	# of patient visits where a patient reports having pain that included a documented plan of care to address pain
D	# of patient visits where a patient reports having pain that did not include a documented plan of care to

	address pain
E	# of patient visits where a patient reports no pain
RD	# of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

Measure Specifications – Measure #9: Plan of Care for Pain – Medical Oncology and Radiation Oncology

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation. Additional CPT Category II codes may be required based on measure implementation [ie, if measure is utilized in a reporting program]).

Denominator (Eligible Population): All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

The eligible patients for this measure are identified by:

- ICD-9 diagnosis codes: 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141.0, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142.0, 142.1, 142.2, 142.8, 142.9, 143.0, 143.1, 143.8, 143.9, 144.0, 144.1, 144.8, 144.9, 145.0, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146.0, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147.0, 147.1, 147.2, 147.3, 147.8, 147.9, 148.0, 148.1, 148.2, 148.3, 148.8, 148.9, 149.0, 149.1, 149.8, 149.9 (lip, oral cavity and pharynx cancer), 150.0, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151.0, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8, 155.0, 155.1, 155.2, 156.0, 156.1, 156.2, 156.8, 156.9, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158.0, 158.8, 158.9, 159.0, 159.1, 159.8, 159.9 (digestive organs and peritoneum cancer), 160.0, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 163.8, 163.9, 164.0, 164.1, 164.2, 164.3, 164.8, 164.9, 165.0, 165.8, 165.9 (respiratory and intrathoracic cancer), 170.0, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171.0, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, 173.9, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9 (bone, connective tissue, skin and breast cancer), 179, 180.0, 180.1, 180.8, 180.9, 181, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184.0, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186.0, 186.9, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188.0, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189.0, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9 (genitourinary organs cancer), 190.0, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192.0, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194.0, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195.0, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.8, 198.8, 198.8, 198.8, 199.0, 199.1 (other or unspecified cancer), 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 300.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 300.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 300.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 300.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 300.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01,

205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91 (lymphatic and hematopoietic tissue cancer), 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.8, 236.90, 236.94, 236.99, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.70, 237.71, 237.72, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.79, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8, 239.9 (neoplasms of unspecified nature).

AND

- Report CPT Category II code : 1125F - Pain severity quantified; pain present

AND either option 1 or 2:

1. Chemotherapy

- CPT® E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- CPT procedure codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521, 96522, 96523, 96542, 96549 (chemotherapy administration)

OR

2. Radiation therapy

- CPT® codes for radiation treatment weekly management: 77427, 77431, 77432, 77435, 77470

Additional CPT II Denominator Codes-For Reporting Purposes

CPT Category II code - 1126F:Pain severity quantified; no pain present

Denominator Exclusion: *None*

Numerator: Patient visits that included a documented plan of care to address pain

- Report CPT Category II code: 0521F – Plan of care to address pain documented

B. Electronic Health Record System *(in development)*

C. Paper Medical Record *(in development)*

Oncology

Measure #10: Pathology Report

This measure is appropriate as a Quality Improvement measure only

Clinical Performance Measure
<p>Numerator: Patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy</p> <p>Denominator: All patients with a diagnosis of cancer receiving chemotherapy or radiation therapy</p> <p>Denominator exclusions: Documentation of medical reason(s) for not having a pathology report in the medical record that confirms malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)</p> <p>Measure: Percentage of patients with a diagnosis of cancer receiving chemotherapy or radiation therapy with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>The cognitive process of treatment planning requires the radiation oncologist to have knowledge of the natural history of the tumor to be treated and to determine the tumor site, its extent, and its relationship with adjacent normal tissues. This process is based on consideration of the history, physical examination, endoscopy, diagnostic imaging, findings at surgery, and histology (ACR¹⁵)</p> <p>A practice must demonstrate that it performs an adequate clinical evaluation by taking a patient history, performing a physical examination, reviewing pertinent diagnostic studies and reports, determining the extent of the tumor for staging purposes, and communicating with the referring physician and certain other physicians involved in the patient's care. (ACRO¹⁶)</p>
<p>Rationale for the measure: The extent of the tumor must be determined and recorded for staging; this will facilitate treatment decisions, determine prognosis, and allow a comparison of treatment results.</p>
<p>Data capture and calculations:</p> <p><u>Calculation for Performance</u> For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.</p> <p>Performance Numerator (A) Includes:</p> <ul style="list-style-type: none">• Patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy <p>Performance Denominator (PD) Includes:</p> <ul style="list-style-type: none">• All patients with a diagnosis of cancer receiving chemotherapy or radiation therapy <p>Performance Denominator Exclusions (C) Include:</p> <ul style="list-style-type: none">• Documentation of a medical reason(s) for not having a pathology report in the medical record, confirming malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)

Performance Calculation

A (# of patients meeting numerator criteria)
PD (# of patients in denominator) – C (# of patients with valid denominator exclusions)

Components for this measure are defined as:

A	# of patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy
PD	# of patients with a diagnosis of cancer receiving chemotherapy or radiation therapy
C	# of patients with a documented medical reason(s) for not having a pathology report in the medical record, confirming malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)

Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator

Reporting Numerator includes each of the following instances:

- A. Patients who have a pathology report in the medical record that confirms malignancy prior to the initiation of therapy
- C. Patients with a documented medical reason(s) for not having a pathology report in the medical record, confirming malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)
- D. Patients who do not have a pathology report in the medical record that confirms malignancy prior to the initiation of therapy

Reporting Calculation

A (# of patients meeting numerator criteria) + C (# of patients with valid exclusions) + D (# of patients not meeting numerator criteria)
RD (# of patients in denominator)

Reporting Denominator (RD) Includes:

All patients with a diagnosis of cancer receiving chemotherapy

A	# of patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy
C	# of patients who do not have a pathology report in the medical record that confirms malignancy prior to the initiation of therapy and there is a documented medical reason for not doing so
D	# of patients who do not have a pathology report in the medical record that confirms malignancy prior to the initiation of therapy
RD	# of patients with a diagnosis of cancer receiving chemotherapy or radiation therapy

Measure Specifications – Measure #10: Pathology Report

Measure specifications for data sources other than administrative claims will be developed at a later date.

A. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

The eligible patients for this measure are identified by:

- ICD-9 diagnosis codes: 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141.0, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142.0, 142.1, 142.2, 142.8, 142.9, 143.0, 143.1, 143.8, 143.9, 144.0, 144.1, 144.8, 144.9, 145.0, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146.0, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147.0, 147.1, 147.2, 147.3, 147.8, 147.9, 148.0, 148.1, 148.2, 148.3, 148.8, 148.9, 149.0, 149.1, 149.8, 149.9 (lip, oral cavity and pharynx cancer), 150.0, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151.0, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8, 155.0, 155.1, 155.2, 156.0, 156.1, 156.2, 156.8, 156.9, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158.0, 158.8, 158.9, 159.0, 159.1, 159.8, 159.9 (digestive organs and peritoneum cancer), 160.0, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 163.8, 163.9, 164.0, 164.1, 164.2, 164.3, 164.8, 164.9, 165.0, 165.8, 165.9 (respiratory and intrathoracic cancer), 170.0, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171.0, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 173.0, 173.1, 173.2, 173.3, 173.4, 173.5, 173.6, 173.7, 173.8, 173.9, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9 (bone, connective tissue, skin and breast cancer), 179, 180.0, 180.1, 180.8, 180.9, 181, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184.0, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186.0, 186.9, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188.0, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189.0, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9 (genitourinary organs cancer), 190.0, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192.0, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194.0, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195.0, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.8, 198.9, 199.0, 199.1 (other or unspecified cancer), 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 300.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 300.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 300.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 300.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 300.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01,

205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91 (lymphatic and hematopoietic tissue cancer), 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.8, 236.9, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.7, 237.8, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.7, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8 (neoplasms of unspecified nature).

AND either option 1 or 2:

1. Chemotherapy

- CPT® E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),

AND

- CPT procedure codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415-96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521- 96523, 96542, 96549 (chemotherapy administration)

OR

2. Radiation therapy

- CPT® codes for radiation treatment planning: 77261, 77262, 77263

Denominator Exclusion: Documentation of medical reason(s) for not having a pathology report in the medical record, confirming malignancy prior to the initiation of therapy (eg, palliative treatment for metastatic illness)

- Append modifier to CPT Category II code: 3317F-1P OR 3318F-1P

Numerator: Patients with a pathology report in the medical record that confirms malignancy prior to the initiation of therapy

- Report the CPT Category II code designated for this numerator: 3318F-Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy

OR

- 3317F-Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy

B. Electronic Health Record System *(in development)*

C. Paper Medical Record *(in development)*

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