**Measure #71 (NQF 0387): Breast Cancer: Hormonal Therapy for Stage IIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer**

**2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**

**CLAIMS, REGISTRY**

**DESCRIPTION:**
Percentage of female patients aged 18 years and older with Stage IC through IIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

**INSTRUCTIONS:**
This measure is to be reported a minimum of **once per reporting period** for all female patients with breast cancer seen during the reporting period. Review estrogen receptor (ER) or progesterone receptor (PR) AND breast cancer stage status AND tumor size to determine which quality-data codes should be submitted. It is anticipated that clinicians who treat female breast cancer patients will submit this measure.

**Measure Reporting via Claims:**
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and the appropriate CPT Category II codes **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

**Measure Reporting via Registry:**
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

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

**DENOMINATOR:**
All female patients aged 18 years and older with a diagnosis of breast cancer with Stage IC through IIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

**Denominator Criteria (Eligible Cases):**
Patients aged ≥ 18 years on date of encounter

**AND**


**Diagnosis for breast cancer (ICD-10-CM) [for use 10/01/2014-12/31/2014]:** C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919

**AND**
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**NUMERATOR:**

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

**Definition:**

Prescribed – Prescribed may include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list.

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

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Tamoxifen or Aromatase Inhibitor Prescribed

(Three CPT II codes [4179F & 337xF & 3315F] are required on the claim form to submit this numerator option)

- CPT II 4179F: Tamoxifen or aromatase inhibitor (AI) prescribed

  AND

- CPT II 3374F: AJCC Breast Cancer Stage I: T1C (tumor size > 1 cm to 2 cm), documented
  OR

- CPT II 3376F: AJCC Breast Cancer Stage II, documented
  OR

- CPT II 3378F: AJCC Breast Cancer Stage III, documented

  AND

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

OR

Tamoxifen or Aromatase Inhibitor not Prescribed for Medical, Patient, or System Reasons

(Three CPT II codes [4179F-xP & 337xF & 3315F] are required on the claim form to submit this numerator option)

Append a modifier (1P, 2P or 3P) to CPT Category II code 4179F to report documented circumstances that appropriately exclude patients from the denominator.

4179F with 1P: 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 currently receiving radiation or chemotherapy, patient’s diagnosis date was ≥ 5 years from reporting date, patient’s diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons)

4179F with 2P: Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons)

4179F with 3P: Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons)

AND

- CPT II 3374F: AJCC Breast Cancer Stage I: T1C (tumor size > 1 cm to 2 cm), documented
  OR
CPT II 3376F: AJCC Breast Cancer Stage II, documented
OR
CPT II 3378F: AJCC Breast Cancer Stage III, documented
AND
CPT II 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

OR

If patient is not eligible for this measure because patient is not stage IC through IIIC breast cancer, report:
Patient not Stage IC through IIIC Breast Cancer
(One CPT II code [33xxF] is required on the claim form to submit this numerator option)
Note: If reporting a code from the category below (3370F or 3372F or 3380F), it is not necessary to report the patient’s ER/PR status.

CPT II 3370F: AJCC Breast Cancer Stage 0, documented
OR
CPT II 3372F: AJCC Breast Cancer Stage I: T1 mic, T1a or T1b (tumor size ≤ 1 cm), documented
OR
CPT II 3380F: AJCC Breast Cancer Stage IV, documented

OR

If patient is not eligible for this measure because patient is estrogen receptor (ER) and progesterone receptor (PR) negative, report:
Patient is Estrogen Receptor (ER) and Progesterone Receptor (PR) Negative
(One CPT II code [3316F] is required on the claim form to submit this numerator option)
Note: If reporting code 3316F, it is not necessary to report the patient’s AJCC Cancer Stage.

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

OR

If patient is not eligible for this measure because the cancer stage is not documented OR the ER/PR is not documented, report:
Cancer Stage not Documented OR ER/PR not Documented
(One CPT II code [33xxF-8P] is required on the claim form to submit this numerator option)
Append a reporting modifier (8P) to CPT Category II codes 3370F or 3316F to report circumstances when the patient is not eligible for the measure.
3370F with 8P: No documentation of cancer stage
OR
3316F with 8P: No documentation of estrogen receptor (ER) and progesterone receptor (PR) status
OR

Tamoxifen or Aromatase Inhibitor not Prescribed, Reason not Otherwise Specified
(Three CPT II codes [4179F-8P & 337xF & 3315F] are required on the claim form to submit this numerator option)
Append a reporting modifier (8P) to CPT Category II code 4179F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
4179F with 8P: Tamoxifen or aromatase inhibitor not prescribed, reason not otherwise specified
AND

CPT II 3374F: AJCC Breast Cancer Stage I: T1C (tumor size > 1 cm to 2 cm), documented
OR
CPT II 3376F: AJCC Breast Cancer Stage II, documented
OR
CPT II 3378F: AJCC Breast Cancer Stage III, documented
AND
CPT II 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

RATIONALE:
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 (I through IIIIC) and ER/PR+ are currently receiving the therapy. There are allowable medical, patient, and system reasons to document instances in which a woman with stage IC through IIIC, 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.

CLINICAL RECOMMENDATION STATEMENTS:
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) (ASCO, 2009)

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) (ASCO, 2009)

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) (NCCN, 2011)

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. A number of studies have evaluated aromatase inhibitors in the treatment of postmenopausal women with early-stage breast cancer. (Category 2A) (NCCN, 2011)

Patients with lymph node involvement or with tumors greater than 1 cm in diameter are appropriate candidates for adjuvant systemic therapy. (Category 1) For those with lymph node-negative, hormone receptor-positive breast cancer tumors greater than 1 cm, endocrine therapy with chemotherapy is recommended. (Category 1) (NCCN, 2011)