

	Measure 0380: Hematology: Multiple Myeloma: Treatment with Bisphosphonates (American Society of Hematology)
Description	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period
Numerator	Patients who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period
Numerator Details	<p>Definitions:</p> <p>Bisphosphonate Therapy: Includes the following medications: pamidronate and zoledronate.</p> <p>Prescribed: Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.</p> <p>For Claims/Registry:</p> <p>Report the CPT Category II code: 4100F – Bisphosphonate therapy, intravenous, ordered or received</p>
Denominator	All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission
Denominator Details	<p>For Claims/Registry:</p> <p>Patients aged ≥ 18 years</p> <p>AND</p> <p>Diagnosis for multiple myeloma – not in remission (ICD-9-CM) [reportable through 9/30/2015]: 203.00, 203.02</p> <p>Diagnosis for multiple myeloma – not in remission (ICD-10-CM) [reportable beginning 10/01/2015]: C90.00, C90.02</p> <p>AND</p> <p>Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245</p>
Exclusions	<p>For Claims/Registry:</p> <p>Documentation of medical reason(s) for not prescribing bisphosphonates (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency)</p> <p>Documentation of patient reason(s) for not prescribing bisphosphonates</p>
Exclusion details	This measure was developed using the PCPI methodology, which exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due

	<p>to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure Multiple Myeloma: Treatment with Bisphosphonates, exceptions may include medical reasons, (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency), or patient reason(s)) for not prescribing bisphosphonates. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.</p> <p>Additional details by data source are as follows:</p> <p>For Claims/Registry: Documentation of medical reason(s) for not prescribing bisphosphonates (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency) -Append modifier to CPT Category II Code: 4100F-1P</p> <p>Documentation of patient reason(s) for not prescribing bisphosphonates -Append modifier to CPT Category II Code: 4100F-2P</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, the American Society of Hematology and PCPI encourage collection of race and ethnicity data as well as the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Outpatient Services

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	Measure 0381: Oncology: Treatment Summary Communication – Radiation Oncology (American Society for Radiation Oncology)
Description	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
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
Numerator Details	<p>Definition: *Treatment Summary: 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</p> <p>Numerator Instructions: This measure should be reported once per course of radiation treatment – less than or equal to 30 days from the end of treatment.</p> <p>For EHR: eSpecification currently under development.</p> <p>For Claims/Administrative: Report 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</p>
Denominator	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy
Denominator Details	<p>For EHR: eSpecification currently under development.</p> <p>For Claims/Administrative: CPT® codes for external beam radiation therapy, weekly management or brachytherapy: 77427, 77431, 77432, 77435, 77470, 77761, 77762, 77763, 77776, 77777, 77778, 77785, 77786, 77787 AND ICD-9-CM 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 (malignant neoplasm of lip, oral cavity and pharynx), 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 (malignant neoplasm of digestive organs</p>

and peritoneum),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 (malignant neoplasm of respiratory and intrathoracic organs),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 (malignant neoplasm of bone, connective tissue, skin and breast),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 (malignant neoplasm of genitourinary organs), 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, 198.81, 198.82, 198.89, 199.0, 199.1, 199.2 (malignant neoplasm of other and unspecified sites), 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, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 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, 203.02, 203.10, 203.11, 203.12, 203.80, 203.81, 203.82, 204.00, 204.01, 204.02, 204.10, 204.11, 204.12, 204.20, 204.21, 204.22, 204.80, 204.82, 204.81, 204.90, 204.91, 204.92, 205.00, 205.01, 205.02, 205.10, 205.11, 205.12, 205.20, 205.21, 205.22, 205.30, 205.31, 205.32, 205.80, 205.81, 205.82, 205.90, 205.91, 205.92, 206.00, 206.01, 206.02, 206.10, 206.11, 206.12, 206.20, 206.21, 206.22, 206.80, 206.81, 206.82, 206.90, 206.91, 206.92, 207.00, 207.01, 207.02, 207.10, 207.11, 207.12, 207.20, 207.21, 207.22, 207.80, 207.81, 207.82,

	208.00, 208.01, 208.02, 208.10, 208.11, 208.12, 208.20, 208.21, 208.22, 208.80, 208.81, 208.82, 208.90, 208.91, 208.92 (malignant neoplasm of lymphatic and hematopoietic tissue), 209.00, 209.01, 209.02, 209.03, 209.10, 209.11, 209.12, 209.13, 209.14, 209.15, 209.16, 209.17, 209.20, 209.21, 209.22, 209.23, 209.24, 209.25, 209.26, 209.27, 209.29, 209.30 (neuroendocrine tumors), 209.31, 209.32, 209.33, 209.34, 209.35, 209.36, 209.70, 209.71, 209.72, 209.73, 209.74, 209.75, 209.79, 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, 238.77, 238.8, 238.9 (neoplasms of uncertain behavior), 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.81, 239.89, 239.9 (neoplasms of unspecified nature)
Exclusions	<p>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</p> <p>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>
Exclusion details	<p>The PCPI methodology uses three categories of reasons for which a patient may be excluded from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For this measure, exceptions may include patient (eg, patient requests that report not be sent) or system reason(s)(eg, patient does not have any physician responsible for providing continuing care) for not communicating the treatment summary report to the physician(s) providing continuing care and to the patient within one month of completing treatment. Where examples of exceptions are included in the measure language, these examples are coded and included in the eSpecifications. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions 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 exception. Additional details by data source are as follows:</p> <p>For EHR: eSpecification currently under development. Data elements (using Quality Data Model) required for the measure are attached.</p> <p>For Claims/Administrative: 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</p>

	<ul style="list-style-type: none"> Append modifier to CPT Category II code: 5020F-2P <p>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</p> <ul style="list-style-type: none"> Append modifier to CPT Category II code: 5020F-3P
Risk Adjustment	No risk adjustment or risk stratification
Stratification	We encourage the results of this measure to be stratified by race, ethnicity, primary language, and administrative sex.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Electronic Health Records, Other, Paper Medical Records, Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Other:Radiation Oncology Dept/Clinic, Outpatient Services

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	Measure 0382: Oncology: Radiation Dose Limits to Normal Tissues (American Society for Radiation Oncology)
Description	Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy 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
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
Numerator Details	<p>For EHR: eSpecification currently under development</p> <p>For Claims/Administrative Data: To submit the numerator option for patients who had documentation in the 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 the following CPT Category II code:</p> <p>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 or organs</p>
Denominator	All patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy
Denominator Details	<p>For EHR: eSpecification currently under development</p> <p>For Claims/Administrative Data: Denominator Criteria (Eligible Cases): Diagnosis for breast, rectal, pancreatic or lung cancer (ICD-9-CM) [for use 01/01/2015-09/30/2015]: 154.0, 154.1, 154.8, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9 Diagnosis for breast, rectal, pancreatic or lung cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]: C19, C20, C21.2, C21.8, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929 AND NOT Diagnosis for metastatic cancer (ICD-9-CM) [for use 01/01/2015-09/30/2015]: 196.0,</p>

	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, 198.81, 198.82, 198.89 Diagnosis for metastatic cancer (ICD-10-CM) [for use 10/01/2015-12/31/2015]: C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9 AND Patient encounter during the reporting period (CPT): 77295
Exclusions	None
Exclusion details	There are no exceptions for this measure.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	We encourage the results of this measure to be stratified by race, ethnicity, primary language, and administrative sex.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Electronic Health Records, Other, Paper Medical Records, Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Other:Radiation Oncology Dept/Clinic, Outpatient Services

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	Measure 1822: External Beam Radiotherapy for Bone Metastases (American Society for Radiation Oncology)
Description	This measure reports the percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline.
Numerator	All patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.
Numerator Details	Bone metastases diagnosis (198.5- Secondary malignant neoplasm of bone and bone marrow) Use of EBRT (Therapeutic radiology treatment planning: CPT 77261; simple, CPT 77262; Intermediate, CPT 77263; complex)
Denominator	All patients with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT
Denominator Details	Bone metastases diagnosis (198.5- Secondary malignant neoplasm of bone and bone marrow) Use of EBRT (Therapeutic radiology treatment planning: CPT 77261; simple, CPT 77262; Intermediate, CPT 77263; complex)
Exclusions	The medical reasons for denominator exclusions are: 1) Previous radiation treatment to the same anatomic site; 2) Patients with femoral axis cortical involvement greater than 3 cm in length; 3) Patients who have undergone a surgical stabilization procedure; and 4) Patients with spinal cord compression, cauda equina compression or radicular pain
Exclusion details	A. Medical Reasons (Data Source) 1) Previous radiation treatment to the same anatomic site (Medical Record) 2) Patients with femoral axis cortical involvement greater than 3 cm in length(Imaging Studies) 3) Patients who have undergone a surgical stabilization procedure (Operative Report) 4) Patients with spinal cord compression, cauda equina compression or radicular pain (Diagnosis/Problem list)
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Stratification of the measure is not required.
Type	Process
Type of Score	Rate/proportion

Data Source	Electronic Health Records, Other, Paper Records
Level	Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan
Setting	Ambulatory Care : Clinician Office, Inpatient/Hospital

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