

	<b>Measure 0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)</b>
<b>Description</b>	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer
<b>Numerator</b>	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer
<b>Numerator Details</b>	<p>Time Period for Data Collection: At any time after diagnosis of prostate cancer</p> <p>To submit the numerator option for patients who did not have a bone scan performed at any time since diagnosis of prostate cancer, report the following CPT Category II code:</p> <p>3270F – Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer</p>
<b>Denominator</b>	All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy
<b>Denominator Details</b>	<p>Time Period for Data Collection: Once per episode of treatment of prostate cancer (ie, interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy) during the measurement period</p> <p>Definitions:</p> <p>Risk Strata Definitions: Very Low, Low, Intermediate, High, or Very High-</p> <p>Very Low/Low Risk - PSA &lt; 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1 to T2a.</p> <p>Intermediate Risk - PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2-3; OR clinical stage T2b to T2c.</p> <p>High/Very High Risk - PSA &gt; 20 ng/mL; OR Gleason score 8 to 10/Gleason grade group 4-5; OR clinically localized stage T3 to T4 (adapted from the National Comprehensive Cancer Network, 2018).</p> <p>External beam radiotherapy – external beam radiotherapy refers to 3D conformal radiation therapy (3D- CRT), intensity modulated radiation therapy (IMRT), stereotactic body radiotherapy (SBRT), and proton beam therapy.</p> <p>Bone scan - bone scan refers to the conventional technetium-99m-MDP bone scan as well as 18F-NaF PET (or PET/CT) scan.</p> <p>Note: Only patients with prostate cancer with low (or very low) risk of recurrence will be counted in the denominator of this measure.</p> <p>Any male patient, regardless of age</p>

	<p>AND</p> <p>Diagnosis for prostate cancer (ICD-10-CM): C61</p> <p>AND</p> <p>Patient encounter during the performance period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55875, 77427, 77435, 77772, 77778, 77799</p> <p>AND</p> <p>Low (or very low) risk of recurrence, prostate cancer: G9706</p>
<b>Exclusions</b>	<p>Denominator Exceptions:</p> <p>Documentation of medical reason(s) for having a bone scan performed (including documented pain, salvage therapy, other medical reasons)</p> <p>Documentation of system reason(s) for having a bone scan performed (including bone scan ordered by someone other than reporting physician)</p>
<b>Exclusion details</b>	<p>Time Period for Data Collection: At any time after diagnosis of prostate cancer</p> <p>The PCPI distinguishes between denominator exceptions and denominator exclusions.</p> <p>Denominator exclusions arise when the clinical action indicated in the numerator is not appropriate for a particular group of patients who otherwise meet the denominator criteria. These are absolute and would be removed from the denominator of a measure in order to determine the eligible population.</p> <p>Denominator exceptions are used to remove a patient from the denominator when the patient does not receive the action(s) required in the numerator AND that action(s) would not be appropriate due to a patient-specific reason(s). The patient would otherwise meet the denominator criteria. Exceptions are not absolute and are based on provider judgment or individual patient characteristics or preferences. The PCPI methodology includes three categories of exceptions for which a patient may be removed from the denominator of an individual measure: 1) medical, 2) patient OR 3) system reasons. These exception categories are not uniformly relevant across all measures. The denominator exception language may include specific examples of instances that may constitute an exception, which are intended to serve as a guide to providers.</p> <p>Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that providers 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 provider's exceptions data to identify practice patterns and opportunities for quality improvement.</p> <p>Additional details: This measure includes denominator exceptions.</p> <p>Append a modifier to CPT Category II code:</p> <p>3269F with 1P: Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)</p> <p>OR</p> <p>3269F with 3P: Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)</p>

<b>Risk Adjustment</b>	No risk adjustment or risk stratification
<b>Stratification</b>	Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, the PCPI encourages collection of race and ethnicity data as well as the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.
<b>Type</b>	Process
<b>Type of Score</b>	Rate/proportion
<b>Data Source</b>	Registry Data
<b>Level</b>	Clinician : Group/Practice, Clinician : Individual
<b>Setting</b>	Other:Radiation Oncology Clinic/Department, Outpatient Services

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	<b>Measure 0390: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer (American Urological Association)</b>
<b>Description</b>	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate
<b>Numerator</b>	Patients who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate
<b>Numerator Details</b>	<p>Time Period for Data Collection: Once per episode of radiation therapy to the prostate cancer (ie, external beam radiotherapy to the prostate) during the 12-month reporting period</p> <p>Definition:</p> <p>Prescribed – Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the performance period, even if the prescription for that medication was ordered prior to the encounter.</p> <p>To submit the numerator option for patients who were prescribed with androgen deprivation therapy in combination with external beam radiotherapy to the prostate, report the following quality data code (G-code):</p> <p>G9894: Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate</p>
<b>Denominator</b>	All patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate
<b>Denominator Details</b>	<p>Time Period for Data Collection: 12 consecutive months</p> <p>Definitions:</p> <p>Risk Strata - Very Low, Low, Intermediate, High, or Very High–</p> <p>Very Low Risk – PSA &lt; 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1c; AND presence of disease in fewer than 3 biopsy cores; AND = 50% prostate cancer involvement in any core; AND PSA density &lt; 0.15 ng/mL/cm<sup>3</sup>.</p> <p>Low Risk – PSA &lt; 10 ng/mL; AND Gleason score 6/Gleason grade group 1; AND clinical stage T1 to T2a.</p> <p>Intermediate Risk – PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2-3; OR clinical stage T2b to T2c.</p> <p>Note: Patients with multiple adverse factors may be shifted into the high risk category.</p> <p>High Risk – PSA &gt; 20 ng/mL; OR Gleason score 8 to 10/Gleason grade group 4-5; OR clinically localized stage T3a.</p> <p>Note: Patients with multiple adverse factors may be shifted into the very high risk category.</p> <p>Very High Risk – Clinical stage T3b to T4; OR primary Gleason pattern 5; OR more than 4 cores with Gleason score 8 to 10/Gleason grade group 4-5. (NCCN, 2017)</p>

	<p>External beam radiotherapy – External beam radiotherapy refers to 3D conformal radiation therapy (3D- CRT), intensity modulated radiation therapy (IMRT), stereotactic body radiotherapy (SBRT), and proton beam therapy.</p> <p>Any male patient, regardless of age AND Diagnosis for prostate cancer (ICD-10-CM): C61 AND Patient encounter during the performance period (CPT): 77427, 77435 AND High or very high risk of recurrence of prostate cancer: G8465 AND NOT Diagnosis for metastatic cancer (ICD-10-CM): 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</p>
<b>Exclusions</b>	<p>Denominator Exceptions:</p> <p>Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (eg, salvage therapy)</p> <p>Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate</p>
<b>Exclusion details</b>	<p>Time Period for Data Collection: Denominator Exception(s) are determined on the date of the denominator eligible encounter.</p> <p>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 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 AUA 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 Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer, exceptions may include medical reason(s) (eg, salvage therapy) or patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate. Although this methodology does not require the external reporting of more detailed exception data, the AUA recommends that physicians document the specific reasons for exception in patients' medical records for the purposes of optimal patient management and audit-readiness. The AUA also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.</p>

	<p>Report quality data code:</p> <p>G9895: Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (eg, salvage therapy)</p> <p>OR</p> <p>G9896: Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate</p>
<b>Risk Adjustment</b>	No risk adjustment or risk stratification
<b>Stratification</b>	Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.
<b>Type</b>	Process
<b>Type of Score</b>	Rate/proportion
<b>Data Source</b>	Registry Data
<b>Level</b>	Clinician : Group/Practice, Clinician : Individual
<b>Setting</b>	Other:Radiation Oncology Clinic/Department, Outpatient Services

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