	Measure 0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (Centers for Medicare & Medicaid Services)
Description	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
Numerator	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer
Numerator Details	Time Period for Data Collection: At any time after diagnosis of prostate cancer 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: 3270F – Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer
Denominator	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
Denominator Details	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 Definitions: Risk Strata Definitions: Very Low, Low, Intermediate, High, or Very High- Very Low/Low Risk - PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1 to T2a. Intermediate Risk - PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2-3; OR clinical stage T2b to T2c. High/Very High Risk - PSA > 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). 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. Bone scan - bone scan refers to the conventional technetium-99m-MDP bone scan as well as 18F-NaF PET (or PET/CT) scan. Note: Only patients with prostate cancer with low (or very low) risk of recurrence will be counted in the denominator of this measure. Any male patient, regardless of age

	AND
	Diagnosis for prostate cancer (ICD-10-CM): C61
	AND
	Patient encounter during the performance period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55875, 77427, 77435, 77772, 77778, 77799
	AND
	Low (or very low) risk of recurrence, prostate cancer: G9706
Exclusions	Denominator Exceptions:
	Documentation of medical reason(s) for having a bone scan performed (including documented pain, salvage therapy, other medical reasons)
	Documentation of system reason(s) for having a bone scan performed (including bone scan ordered by someone other than reporting physician)
Exclusion details	Time Period for Data Collection: At any time after diagnosis of prostate cancer
	The PCPI distinguishes between denominator exceptions and denominator exclusions.
	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.
	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.
	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.
	Additional details: This measure includes denominator exceptions.
	Append a modifier to CPT Category II code:
	3269F with 1P: Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)
	OR
	3269F with 3P: Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)

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 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.
Type	Process
Type of Score	Rate/proportion
Data Source	Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Other:Radiation Oncology Clinic/Department, Outpatient Services

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