	Measure 0221: Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection (Commission on Cancer, American College of Surgeons)
Description	Percentage of patients presenting with AJCC Stage Group 0, I, II, or III disease, who undergo a needle biopsy to establish diagnosis of breast cancer.
Numerator	Patients who receive image or palpation-guided needle biopsy (core or FNA) for the diagnosis of breast cancer.
Numerator Details	Surgical Diagnostic And Staging and Procedure [NAACCR Item#1350]=2-A biopsy (incisional, needle or aspiration) was done to the primary site
Denominator	Women with AJCC Stage 0, I, II, or II breast cancer undergoing surgery: • Women • Age >=18 at time of diagnosis • Primary tumors of the breast • Epithelial invasive malignancy only • Diagnosis and all or part of first course of treatment performed at the reporting facility
Denominator Details	Sex [NAACCR Item#220]=2; Pathologic Stage Group [NAACCR Item#910] = IA, IB, IIA, IIB, IIIA, IIIB or IIIC, AND Behavior {NAACCR Item#523] = 2,3
Exclusions	Exclusions: Men; not a first or only cancer diagnosis; non-epithelial tumors; metastatic disease (AJCC Stage IV); phyllodes tumor histology (9020); Patient refused biopsy, Patient medically unable to hold position for image guided biopsy, Patient requires sub-arolar excision for nipple discharge, Lesion too superficial, Breast too small, Lesion inaccessible by needle biopsy, Cancer found in prophylactic mastectomy, Benign high risk lesion diagnosed by needle biopsy, requiring excisional biopsy Discordant biopsy results compared to suspicious imaging
Exclusion details	See: https://www.facs.org/~/media/files/quality%20programs/cancer/quality%20breast.ashx
Risk Adjustment	No risk adjustment or risk stratification
Stratification	No stratification applied
Numerator Time window	
Type	Process
Type of Score	Rate/proportion
Data Source	Paper Medical Records, Registry Data

Level	Facility
Setting	Inpatient/Hospital

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	Measure 0377: Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow (American Society of Hematology)
Description	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow
Numerator	Patients who had baseline cytogenetic testing performed on bone marrow
Numerator Details	Time Period for Data Collection: At least once during the measurement period Definition: Baseline Cytogenetic Testing: Testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis Report the CPT Category II code: 3155F – Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment
Denominator	All patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia
Denominator Details	Time Period for Data Collection: 12 consecutive months Denominator Note: This measure is to be submitted a minimum of once per reporting period for all myelodysplastic syndrome (MDS) and Acute Leukemia patients seen during the reporting period, regardless of when MDS or Acute Leukemia diagnosis was made; the quality action being measured is that baseline cytogenetic testing on bone marrow was performed for each patient with MDS or Acute Leukemia at the time of diagnosis or prior to initiating treatment. Patients aged >= 18 years on date of encounter AND Diagnosis for MDS or acute leukemia – not in remission (ICD-10-CM): C91.00, C91.02, C92.00, C92.02, C92.40, C92.42, C92.50, C92.52, C92.60, C92.62, C92.A0, C92.A2, C93.00, C93.02, C94.00, C94.02, C94.20, C94.22, C95.00, C95.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z AND Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245 WITHOUT Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 02
Exclusions	Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, no liquid bone marrow or fibrotic marrow)

	Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above) Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, patient previously treated by another physician at the time cytogenetic testing performed)
Exclusion details	Time Period for Data Collection: Denominator Exception(s) are determined at the time of the diagnosis of MDS or Acute Leukemia or prior to initiating treatment. This measure was developed using the PCPI methodology, under 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 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 Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow, exceptions may include medical reason(s) (eg, no liquid bone marrow or fibrotic marrow), patient reason(s) (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above), or system reason(s) (eg, patient previously treated by another physician at the time cytogenetic testing performed) for not performing baseline cytogenetic testing on bone marrow. Although this methodology does not require the external reporting of more detailed exception data, ASH recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. ASH also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details are as follows: Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, no liquid bone marrow or fibrotic marrow) - Append modifier to CPT Category II code: 3155F-1P Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above) - Append modifier to CPT Category II code: 3155F-2P Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, patient previously treated by another physician at the time cytogenetic testing performed) - Append modifier to CPT Category II code: 3155F-3P

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

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	Measure 0378: Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy (American Society of Hematology)
Description	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy
Numerator	Patients with documentation of iron stores within 60 days prior to initiating erythropoietin therapy
Numerator Details	Time Period for Data Collection: At least once during the measurement period Definition: Documentation of Iron Stores – Includes either: 1) bone marrow examination including iron stain OR 2) serum iron measurement including ferritin, serum iron and total iron-binding capacity (TIBC) Report the CPT Category II code: 3160F - Documentation of iron stores prior to initiating erythropoietin therapy
Denominator	All patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy
Denominator Details	Time Period for Data Collection: 12 consecutive months Denominator Note: This measure is to be reported a minimum of once per reporting period for all myelodysplastic syndrome (MDS) patients seen during the reporting period, regardless of when erythropoietin therapy is initiated; the quality action being measured is that iron stores were documented for each MDS patient receiving erythropoietin therapy within 60 days of starting erythropoietin therapy, regardless of how far back the erythropoietin therapy initiated. Definition: Erythropoietin Therapy – Includes the following medications: epoetin and darbepoetin for the purpose of this measure. Patients aged >= 18 years on date of encounter AND Diagnosis for MDS (ICD-10-CM): D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z AND Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245 WITHOUT

	Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 02 AND Patient receiving erythropoietin therapy (CPT Category II Code): 4090F
Exclusions	Documentation of system reason(s) for not documenting iron stores prior to initiating erythropoietin therapy
Exclusion details	Time Period for Data Collection: Denominator Exception(s) are determined during the 60 days prior to initiating erythropoietin therapy. This measure was developed using the PCPI methodology, under 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 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. For measure Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy, exceptions may include system reasons for not documenting iron stores prior to initiating erythropoietin therapy. Although this methodology does not require the external reporting of more detailed exception data, ASH recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. ASH also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details are as follows: Documentation of system reason(s) for not documenting iron stores prior to initiating erythropoietin therapy - Append modifier to CPT Category II code: 3160F-3P
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 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.
Type	Process
Type of Score	Rate/proportion
Data Source	Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Outpatient Services

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	Measure 0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (PCPI)
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, OR cryotherapy 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, OR cryotherapy
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, OR cryotherapy) 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. Note: Patients with multiple adverse factors may be shifted into the high/very high risk category. 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 NCCN, 2017) 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, 55873, 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 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 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 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients, exceptions may include medical reason(s) (eg, documented pain, salvage therapy, other medical reasons) or system reason(s) (eg, bone scan ordered by someone other than reporting physician). 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. Additional details are as follows: 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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