Physician Quality Reporting Guide

2017

Contents

Measures Category: Hematology and Oncology Measures

Measure Number	Measure Title	Reporting Options					Reporting Frequency
		Claims-Based	Registry	Measures Groups	EHR-Based	GPRO/ACO	
67	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow		X				Once per the reporting period.
68	Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy		X				Once per the reporting period.
69	Hematology: Multiple Myeloma: Treatment With Bisphosphonates		X				Once per the reporting period.
70	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry		X				Once per the reporting period.
71	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	X	X	X	X		Once per the reporting period.
72	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	X	X	X	X		Once per the reporting period.
99	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	X	X				At each pathological examination.
100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	X	X				At each pathological examination.
102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients		X		X		Once per treatment episode.
104	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients		X				Once per treatment episode.
143	Oncology: Medical and Radiation—Pain Intensity Quantified		X	X	X		At each visit.
144	Oncology: Medical and Radiation—Plan of Care for Pain		X	X			At each visit.
156	Oncology: Radiation Dose Limits to Normal Tissues	X	X				Once per the reporting period.
194	Oncology: Cancer Stage Documented		X				Once per the reporting period.
263	Preoperative Diagnosis of Breast Cancer	X	X				Each time an eligible patient undergoes a breast cancer surgery during the reporting period.
264	Sentinel Lymph Node Biopsy for Invasive Breast Cancer		X				Each time an eligible patient undergoes an SLN procedure during the reporting period.
395	Lung Cancer Reporting (Biopsy/Cytology Specimens)	X	X				Each time.
396	Lung Cancer Reporting (Resection Specimens)	X	X				Each time.

Measure 67. Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow

Description:
This quality measure identifies the percentage of patients aged 18 years or older with a diagnosis of MDS or an acute leukemia who had baseline cytogenic testing performed on bone marrow.

Associated Denominator Codes:
The ICD-9-CM code indicating acute leukemia not in remission (ICD-9-CM codes 204.00, 204.02, 205.00, 205.02, 206.00, 206.02, 207.00, 207.02, 207.20, 207.22, 208.00, 208.02, 238.72–238.75) and the patient encounter code (CPT codes 99201–99205, 99212–99215) identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:
3155F Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)

Associated Performance Modifiers:
1P Performance measure not performed, due to medical reasons

2P Performance measure not performed, due to patient reasons

3P Performance measure not performed, due to system reasons

8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- Baseline cytogenetic testing is defined as testing performed at the time of diagnosis or prior to initiating treatment such as transfusion, growth factors, or antineoplastic therapy for that diagnosis.
- If the medical documentation references baseline bone marrow cytogenetic testing at the time of diagnosis or before the initiation of treatment, report 3155F.
- If the medical documentation does not reference baseline bone marrow cytogenetic testing at the time of diagnosis or prior to the initiation of therapy due to medical reasons that exclude the patient from the denominator, report 3155F with exclusion modifier 1P.
- If the medical documentation does not reference baseline bone marrow cytogenetic testing at the time of diagnosis or prior to the initiation of therapy due to patient reasons that exclude the patient from the denominator, report 3155F with exclusion modifier 2P.
- If the medical documentation does not reference baseline bone marrow cytogenetic testing at the time of diagnosis or prior to the initiation of therapy due to system reasons that exclude the patient from the denominator, report 3155F with exclusion modifier 3P.
- If there is no documentation of baseline bone marrow cytogenetic testing in the medical documentation at the time of diagnosis or prior to initiating therapy and the reason is not specified, report 3155F with modifier 8P.
- This measure is reported via registry only. Patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data code 3155F (with modifier 1P, 2P, 3P, or 8P as applicable) does not have to be reported. However, these codes may be reported for registries that utilize claims data.

Measure 68. Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy

Description:
This quality measure identifies the percentage of patients aged 18 years or older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy.

Associated Denominator Codes:
The ICD-9-CM code indicating MDS (ICD-9-CM codes 238.72–238.75), the patient encounter code (CPT codes 99201–99205, 99212–99215) and Category II code 4090F indicating the patient is receiving erythropoietin therapy identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:
3160F Documentation of iron stores prior to initiating erythropoietin therapy (HEM)

Associated Performance Modifiers:
3P Performance measure not performed, due to system reasons

8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- Documentation of iron stores requires one of two documents contained in the medical record: bone marrow examination including iron stain or serum iron measurement, including ferritin, serum iron, and TIBC.
- Erythropoietin therapy includes epoetin and darbepoetin for purposes of this measure.
- If the medical documentation references iron stores prior to the initiation of erythropoietin therapy, report 3160F.

- If the medical documentation does not reference iron stores prior to the initiation of erythropoietin therapy due to system reasons that exclude the patient from the denominator, report 3160F with exclusion modifier 3P.
- If there is no documentation of iron stores in the medical documentation prior to initiating erythropoietin therapy, and the reason is not specified, report 3160F with modifier 8P.
- This measure is reported via registry only. Patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data codes 3160F (with modifier 3P or 8P as applicable), 4090F, and 4095F do not have to be reported. However, these codes may be reported for registries that utilize claims data.

Measure 69. Hematology: Multiple Myeloma: Treatment With Bisphosphonates

Description:
This quality measure identifies the percentage of patients aged 18 years or older with a diagnosis of multiple myeloma, NOT in remission, who were prescribed or received bisphosphonate therapy within the 12-month reporting period.

Associated Denominator Codes:
The ICD-9-CM code indicating multiple myeloma (ICD-9-CM codes 203.00, 203.02) and the patient encounter code (CPT codes 99201–99205, 99212–99215) identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:
4100F Bisphosphonate therapy, intravenous, ordered or received (HEM)

Associated Performance Modifiers:
1P Performance measure not performed, due to medical reasons

2P Performance measure not performed, due to patient reasons

8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- Prescribed medication includes patients who are currently receiving medications 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.
- Bisphosphate therapy includes pamidronate and zoledronate for purposes of this measure.
- When intravenous bisphosphate therapy is prescribed or received, report 4100F.
- When the bisphosphate therapy is NOT prescribed or is NOT received by the patient for medical reasons, report 4100F with exclusion modifier 1P.
- When the bisphosphate therapy is NOT prescribed or is NOT received by the patient for patient reasons, report 4100F with exclusion modifier 2P.
- When the therapy is NOT prescribed and medical record documentation does not indicate a reason, report 4100F with modifier 8P.
- This measure is reported via registry only. Patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data code 4100F (with modifier 1P, 2P, or 8P as applicable) does not have to be reported. However, it may be reported for registries that utilize claims data.

Measure 70. Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

Description:
This quality measure identifies the percentage of patients aged 18 years or older with a diagnosis of CLL who had baseline flow cytometry studies performed.

Associated Denominator Codes:
The ICD-9-CM code indicating a diagnosis with CLL not in remission (ICD-9-CM codes 204.10, 204.12) and the patient encounter code (CPT codes 99201–99205, 99212–99215) identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:
3170F Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)

Associated Performance Modifiers:
1P Performance Measure not performed, due to medical reasons

2P Performance measure not performed, due to patient reasons

3P Performance measure not performed, due to system reasons

8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.

- CMS defines baseline flow cytometry studies to be testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include antineoplastic therapy.
- If the patient has baseline flow cytometry studies performed, report 3170F.
- If the patient was not prescribed or did not receive baseline flow cytometry studies performed because one of the exclusion criteria was documented, report 3170F with the appropriate exclusion modifier:
  - 1P Performance measure not performed, due to medical reasons
  - 2P Performance measure not performed, due to patient reasons
  - 3P Performance measure not performed, due to system reasons
- If the patient was not prescribed or did not undergo baseline flow cytometry studies and the reason is not specified, report 3170F with modifier 8P.
- This measure is reported via registry only. Patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. Quality-data code 3170F (with modifier 1P, 2P, 3P, or 8P as applicable) does not have to be reported. However, it may be reported for registries that utilize claims data.

Measure 71. Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Description:
This quality measure identifies the percentage of female patients aged 18 years or older with a diagnosis of stage IC-IIIC, ER/PR positive breast cancer prescribed hormonal therapy, such as tamoxifen or aromatase inhibitor (AI), during the 12-month reporting period.

Associated Denominator Codes:
The ICD-9-CM code indicating a diagnosis of breast cancer (ICD-9-CM codes 174.0-174.6, 174.8, 174.9) and the patient encounter code (CPT codes 99201–99205, 99212–99215) identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:

3315F Estrogen receptor (ER) and progesterone receptor (PR) Positive breast cancer (ONC)

3316F Estrogen receptor (ER) and progesterone receptor (PR) Negative breast cancer (ONC)

3370F AJCC Breast Cancer Stage 0, documented (ONC)

3372F AJCC Breast Cancer Stage I: T1 mic, T1a or T1b (tumor size ≤ 1cm), documented (ONC)

3374F AJCC Breast Cancer Stage I: T1c (tumor size > 1cm to 2cm), documented (ONC)

3376F AJCC Breast Cancer Stage II, documented (ONC)

3378F AJCC Breast Cancer Stage III, documented (ONC)

3380F AJCC Breast Cancer Stage IV, documented (ONC)

4179F Tamoxifen or aromatase inhibitor (A1) prescribed (ONC)

Associated Performance Modifiers:

1P Performance Measure not performed, due to medical reasons

2P Performance measure not performed, due to patient reasons

3P Performance measure not performed, due to system reasons

8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- Prescribed is defined by CMS as including the prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month reporting period OR according to a current medication list, the patient is already taking one of these drugs.
- If tamoxifen or aromatase inhibitor is prescribed, report the code for tamoxifen or aromatase inhibitor (AI) prescribed (4179F), a code indicating the positive receptor (3315F), and the appropriate breast cancer staging code from below:
  - 3374F AJCC Breast Cancer Stage I: T1c (tumor size > 1cm to 2cm), documented
  - 3376F AJCC Breast Cancer Stage II, documented
  - 3378F AJCC Breast Cancer Stage III, documented
- If the patient was not prescribed or did not receive tamoxifen or aromatase inhibitor at the time of the visit for medical, patient, or system reasons, report 4179F with the appropriate exclusion modifier:
  - 1P Performance measure not performed, due to medical reasons
  - 2P Performance measure not performed, due to patient reasons
  - 3P Performance measure not performed, due to system reasons

  AND the appropriate staging code from the list above, as well as the receptor code (3315F).
- If the patient is not eligible for this measure because the patient is estrogen (ER) and progesterone receptor (PR) negative, report 3316F.
- If the patient is not eligible for this measure because the stage of cancer is not stage 1c through 111c breast cancer, report one of the following.
  - 3370F AJCC Breast Cancer Stage 0, documented
  - 3372F AJCC Breast Cancer Stage 1: T1 mic, T1a or T1b (tumor size ≤ 1 cm), documented
  - 3380F AJCC Breast Cancer Stage IV, documented

- If the patient was not eligible for this measure because the cancer stage or ER/PR is not documented, report one of the following:
  - 3316F-8P No documentation of estrogen receptor (ER) and progesterone receptor (PR) status
  - 3370F-8P No documentation of cancer stage
- If the patient was not prescribed or did not receive tamoxifen or aromatase inhibitor at the time of the visit and the reason was not specified, report 4179F with modifier 8P, the appropriate QDC to indicate the breast cancer stage (3374F, 3376F, or 3378F), and the ER/PR positive code (3315F).
- This measure is included in the Oncology Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- This measure is reportable only through a registry and the EHR reporting options. When reporting via a registry, the patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. The quality-data codes described above do not have to be reported. However, these codes may be reported for registries that utilize claims data.

Measure 72. Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Description:
This quality measure identifies the percentage of patients, aged 18 to 80 years, with a diagnosis of AJCC stage III colon cancer who were referred, prescribed, or who previously received adjuvant chemotherapy during the reporting period.

Associated Denominator Codes:
The ICD-9-CM code indicating a diagnosis of colon cancer (ICD-9-CM codes 153.0-153.4, 153.6–153.9) and the patient encounter code (CPT codes 99201–99205 and 99212–99215) identify eligible patients for this measure.

For the most current list of associated numerators and denominators, including the ICD-10-CM denominators, see the Quality Data Numerator and Denominator Resource at www.OptumCoding.com/Product/Updates/PQRS15.

Associated Numerator Codes:
3382F AJCC Colon Cancer Stage 0, documented (ONC)

3384F AJCC Colon Cancer Stage I, documented (ONC)

3386F AJCC Colon Cancer Stage II, documented (ONC)

3388F AJCC Colon Cancer Stage III, documented (ONC)

3390F AJCC Colon Cancer Stage IV, documented (ONC)

G8927 Adjuvant chemotherapy referred, prescribed or previously received for AJCC Stage III colon cancer

G8928 Adjuvant chemotherapy not prescribed or previously received, reason given

G8929 Adjuvant chemotherapy not prescribed or previously received, reason not given

Associated Performance Modifiers:
8P Performance measure not performed, reason not otherwise specified

Reporting Requirements:
- There are no allowable performance exclusions for this measure.
- CMS defines adjuvant chemotherapy using current NCCN guidelines. The following therapies are recommended:
  - 5-FU/LV/oxaliplatin (mFOLFOX6) as the standard of care (category 1)
  - bolus 5-FU/LV/oxaliplatin (FLOX, category 1)
  - capecitabine/oxaliplatin (CapeOx, category 1)
  - single agent capecitabine (category 2A) or 5-FU/LV (category 2A) in patients felt to be inappropriate for oxaliplatin therapy
- The definition of prescribed includes a prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list.
- If the patient was referred for, prescribed, or previously received neoadjuvant or adjuvant chemotherapy, report 3388F and G8927.
- If the patient was not referred, prescribed, or is not receiving chemotherapy for a documented reason, report 3388F and G8928.
- If the patient was not referred for, prescribed, or receiving chemotherapy and the reason is not given, report 3388F and G8929.
- If the patient is not eligible for this measure because the stage of cancer is not documented, report 3382F with modifier 8P.
- If the patient is not eligible for this measure because the patient is not stage III colon cancer, report one of the following:
  - 3382F AJCC Colon Cancer Stage 0, documented
  - 3384F AJCC Colon Cancer Stage I, documented
  - 3386F AJCC Colon Cancer Stage II, documented
  - 3390F AJCC Colon Cancer Stage IV, documented
- This measure is included in the Oncology Measures Group. See the Group Measures section for more information regarding the reporting of this measures group.
- This measure is reportable only through a registry and the EHR reporting options. When reporting via a registry, the patient demographics, as well as the ICD-9-CM and CPT codes, are used to identify patients who are included in the measure's denominator. The numerator options as described above are used to report the numerator of the measure. The quality-data codes described above do not have to be reported. However, these codes may be reported for registries that utilize claims data.