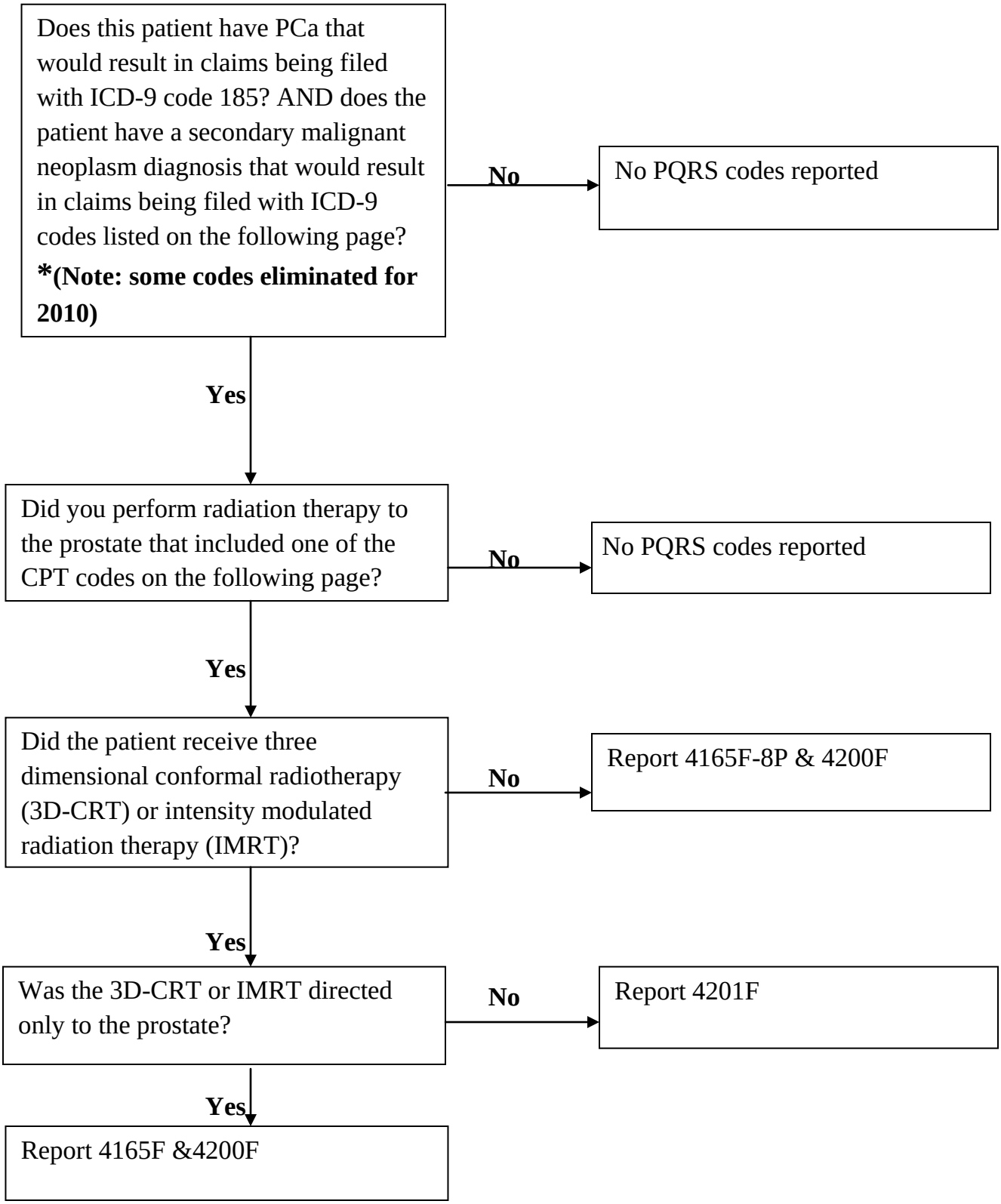
# Measure #105: Prostate Cancer: Three-Dimensional (3D) Radiotherapy



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An ICD-9 diagnosis code for clinically localized prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites) and a CPT procedure code for patients receiving external beam radiotherapy to the prostate are required to identify patients for denominator inclusion.

| | |
|---|---|
| **ICD-9 Diagnosis Code:** | 185 |
| **WITHOUT** | |
| Secondary malignant neoplasm diagnosis of a specified site-respiratory, digestive, and of other specified sites. **ICD-9 Diagnosis Codes:** | 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 |
| **AND** | |
| **CPT Procedure Codes:** | 77427 |