▲ Measure #102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients, regardless of age, with a diagnosis of prostate cancer at 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

INSTRUCTIONS:
This measure is to be reported once per episode of treatment (i.e., interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy) for all patients with prostate cancer who receive interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy during the reporting period. Claims data will be analyzed to determine unique episodes of radiation therapy. Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting and performance rates. The Physician Quality Reporting quality-data code needs to be submitted only once during the episode of radiation therapy (e.g., 8 weeks of therapy). It is anticipated that clinicians who perform the listed procedures as specified in the denominator coding will submit this measure.

Measure Reporting via Claims:
ICD-9-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the appropriate ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 3P- system reasons. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-9-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

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DENOMINATOR NOTE: *Only patients with prostate cancer with low risk of recurrence will be counted in the performance denominator of this measure*

Denominator Criteria (Eligible Cases):
Diagnosis for prostate cancer (ICD-9-CM): 185
AND
Patient encounter during the reporting period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77427, 77776, 77777, 77778, 77787

NUMERATOR:
Patients who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

Definitions:
Risk Strata: Low, Intermediate, or High –
Low Risk – PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a[2]
Intermediate Risk – PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk[2]
High Risk – PSA >20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a1

NUMERATOR NOTE: *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Bone Scan not Performed
(Two CPT II codes [3270F & 3271F] are required on the claim form to submit this numerator option)
CPT II 3270F: Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer
AND
CPT II 3271F: Low risk of recurrence, prostate cancer

OR

Bone Scan Performed for Medical or System Reasons
(Two CPT II codes [3269F-xP & 3271F] are required on the claim form to submit this numerator option)
Append a modifier (**1P or 3P**) to CPT Category II code **3269F** to report documented circumstances that appropriately exclude patients from the denominator.
3269F *with* 1P: Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)
3269F *with* 3P: Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than reporting physician)
AND

CPT II 3271F: Low risk of recurrence, prostate cancer

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OR

If patient is not eligible for this measure because the risk of recurrence is intermediate, high or not determined, report:
(One CPT II code [327xF] is required on the claim form to submit this numerator option)
Intermediate Risk of Recurrence
CPT II 3272F: Intermediate risk of recurrence, prostate cancer
OR
High Risk of Recurrence
CPT II 3273F: High risk of recurrence, prostate cancer
OR
Risk of Recurrence not Determined
CPT II 3274F: Prostate cancer risk of recurrence not determined or neither low, intermediate nor high

OR

Bone Scan Performed
(Two CPT II codes [3269F & 3271F] are required on the claim form to submit this numerator option)
CPT II 3269F: Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer
AND
CPT II 3271F: Low risk of recurrence, prostate cancer

RATIONALE:
A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence and receiving primary therapy. This measure is written as a negative measure so that the performance goal is 100%, consistent with the other measures for this condition.

CLINICAL RECOMMENDATION STATEMENTS:
Routine use of a bone scan is not required for staging asymptomatic men with clinically localized prostate cancer when their PSA is equal to or less than 20.0 ng/mL. (AUA)

Patients with a life expectancy > 5 years or symptomatic:

- A bone scan is appropriate for T1 to T2 disease in the presence of a PSA greater than 20 ng/mL, Gleason score of 8 or higher, clinical stage of T3 to T4, or symptomatic disease.
- Patients at higher risk of metastatic disease may undergo pelvic computed tomography (CT) or magnetic resonance imaging (MRI) scanning with possible fine-needle aspiration of enlarged lymph nodes or staging lymph node dissection. Nomograms or risk tables may be used to identify patients with a higher likelihood of having metastatic disease. If the nomogram indicates a probability of lymph node involvement greater than 20% or if the patient is stage T3 or T4, this is recommended as a threshold for doing a staging CT scan or MRI evaluation.

For all other patients, no additional imaging is required for staging. (NCCN) (Category 2A)

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