
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

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 male patients with prostate cancer who receive interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy during the reporting period. 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 PQRS quality-data code or equivalent 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 Registry:
ICD-10-CM diagnosis codes, CPT codes, and CPT Category II codes are used to identify patients who are included in the measure’s denominator. The listed numerator options 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

Definitions:
Risk Strata: Low, Intermediate, or High –
Low Risk – PSA ≤ 10 ng/mL; AND Gleason score 6 or less; AND clinical stage T1c or T2a. (AUA, 2007)
Intermediate Risk – PSA > 10 to 20 ng/mL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk. (AUA, 2007)
High Risk – PSA > 20 ng/mL; OR Gleason score 8 to 10; OR clinically localized stage T3a. (NCCN, 2011)
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.

Denominator Criteria (Eligible Cases):
Any male patient, regardless of age
AND
Diagnosis for prostate cancer (ICD-10-CM): C61
AND
Patient encounter during the reporting period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 77427, 77435, 77735, 77778
AND
Low risk of recurrence, prostate cancer: 3271F
**NUMERATOR:**
Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer

**Numerator Instructions:** A higher score indicates appropriate treatment of patients with prostate cancer at low risk of recurrence.

**Numerator Options:**

**Performance Met:** Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (3270F)

**OR**

**Medical Performance Exclusion:** Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons) (3269F with 1P)

**OR**

**System Performance Exclusion:** Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician) (3269F with 3P)

**OR**

**Performance Not Met:** Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (3269F)

**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 level is equal to or less than 20.0 ng/mL. (AUA, 2013)

For symptomatic patients and/or those with a life expectancy of greater than 5 years, a bone scan is appropriate for patients with any of the following: 1) T1 disease with PSA over 20 ng/mL or T2 disease with PSA over 10 ng/mL; 2) a Gleason score of 8 or higher; 3) T3 to T4 tumors; or 4) symptomatic disease. (NCCN, 2015) (Category 2A)

**COPYRIGHT:**
Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The PCPI has not tested its Measures for all potential applications. The PCPI encourages the testing and evaluation of its Measures.

Measures are subject to review and may be revised or rescinded at any time by the PCPI. The Measures may not be altered without the prior written approval of the PCPI. Measures developed by the PCPI, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American
Medical Association, on behalf of the PCPI. Neither the PCPI nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2007 American Medical Association. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

THE SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.


LOINC® copyright 2004-2015 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2015 International Health Terminology Standards Development Organization. All Rights Reserved. Use of SNOMED CT® is only authorized within the United States.
2016 Registry Individual Measure Flow

PQRS #102 NQF #0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

**Denominator**

**Start**

- **No**
  - Any Male Patient
    - **Yes**
      - Diagnosis of Prostate Cancer as Listed in Denominator*
        - **No**
          - Not Included in Eligible Population/Denominator
            - **Yes**
              - Include in Eligible Population/Denominator (8 episodes) d
        - **Yes**
          - Encounter as Listed in Denominator* (11/1/2016 thru 12/31/2016)
            - **No**
              - Low Risk of Recurrence, Prostate Cancer 3271F
                - **Yes**
                  - Reporting Rate: Performance Met (a=4 episodes) + Performance Exclusion (b^1+b^2=1 episode) + Performance Not Met (c=2 episodes) = 7 episodes = 87.50%
                    - Eligible Population / Denominator (d=8 episodes)
          - **Yes**
            - Reporting Rate: Performance Met (a=4 episodes)

**Numerator**

- **Yes**
  - Bone Scan Not Performed Prior to Initiation of Treatment Nor at any Time Since Diagnosis of Prostate Cancer
    - **Yes**
      - Reporting Met + Performance Met 3270F or equivalent (4 episodes) a
        - **No**
          - Documentation of Medical Reason(s) for Performing a Bone Scan
            - **Yes**
              - Reporting Met + Performance Exclusion 3269F-1P or equivalent (1 episode) b^1
                - **No**
                  - Documentation of System Reason(s) for Performing a Bone Scan
                    - **Yes**
                      - Reporting Met + Performance Not Met 3269F or equivalent (2 episodes) c
                        - **No**
                          - Bone Scan Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer
                            - **Yes**
                              - Reporting Not Met, Quality-Data Code or equivalent not reported (1 episode)

**SAMPLE CALCULATIONS:**

**Reporting Rate**

Performance Met (a=4 episodes) + Performance Exclusion (b^1+b^2=1 episode) + Performance Not Met (c=2 episodes) = 7 episodes = 87.50%

Eligible Population / Denominator (d=8 episodes) = 8 episodes

**Performance Rate**

Performance Met (a=4 episodes) = 4 episodes = 66.67%

Reporting Numerator (7 episodes) – Performance Exclusion (b^1+b^2=1 episode) = 6 episodes

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Episode
2016 Registry Individual Measure Flow
PQRS #102 NQF #0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patients Gender:
   a. If Male Gender equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Male Gender equals Yes, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Prostate Cancer as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Prostate Cancer as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Low Risk of Recurrence, Prostate Cancer Performed.

5. Check Low Risk of Recurrence, Prostate Cancer Performed:
   a. If Low Risk of Recurrence, Prostate Cancer as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Low Risk of Recurrence, Prostate Cancer as Listed in the Denominator equals Yes, include in the Eligible population.

6. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 episodes in the sample calculation.

7. Start Numerator

8. Check Bone Scan Not Performed Prior to Initiation of Treatment Nor at any Time Since Diagnosis of Prostate Cancer:
a. If Bone Scan Not Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer equals Yes, include in Reporting Met and Performance Met.

b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 episodes in Sample Calculation.

c. If Bone Scan Not Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer equals No, proceed to Documentation of Medical Reason(s) for Performing a Bone Scan.

9. Check Documentation of Medical Reason(s) for Performing a Bone Scan:

a. If Documentation of Medical Reason(s) for Performing a Bone Scan equals Yes, include in Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 episode in the Sample Calculation.

c. If Documentation of Medical Reason(s) for Performing a Bone Scan equals No, proceed to Documentation of System Reason(s) for Performing a Bone Scan.

10. Check Documentation of System Reason(s) for Performing a Bone Scan:

a. If Documentation of System Reason(s) for Performing a Bone Scan equals Yes, include in the Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 episodes in the Sample Calculation.

c. If Documentation of System Reason(s) for Performing a Bone Scan equals No, proceed to Bone Scan Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer.

11. Check Bone Scan Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer:

a. If Bone Scan Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer equals Yes, include in the Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 episodes in the Sample Calculation.

c. If Bone Scan Performed Prior to Initiation of Treatment or at any Time Since Diagnosis of Prostate Cancer equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met:

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 episode has been subtracted from the reporting numerator in the sample calculation.
**SAMPLE CALCULATIONS:**

**Reporting Rate:**
Performance Met (a=4 episodes) + Performance Exclusion (b=1 episode) + Performance Not Met (c=2 episodes) = 7 episodes = \( \frac{7}{8} \times 100 = 87.50\% \)

**Performance Rate:**

\[
\frac{\text{Performance Met} (a=4 \text{ episodes})}{\text{Eligible Population / Denominator} (d=8 \text{ episodes})} = \frac{4}{8} = 66.67\%
\]

**Reporting Numerator (7 episodes) - Performance Exclusion (b=1 episode) = 6 episodes**