

**2008 PQRI Measures for Consideration by Oncology Providers: Oncology Specific Measures**  
***Medical oncology, hematology, and hematology/oncology focused measures***

The table below includes measures directly relevant to oncology providers as well as general measures that may be applicable.  
 See [http://www.cms.hhs.gov/PQRI/35\\_2008PQRIInformation.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/35_2008PQRIInformation.asp#TopOfPage) for a listing and complete specifications for all 119 PQRI measures.

<b>Measure #67: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow</b>			
<a href="#">Description for Measure #67</a>			
<a href="#">Data Collection Sheet for Measure #67</a>			
<a href="#">Coding Specifications for Measure #67</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients aged 18 years and older with a diagnosis of MDS or an acute leukemia <b>ICD-9 diagnosis codes:</b> 204.00, 205.00, 206.00, 207.00, 207.20, 208.00, 238.72-238.75 <b>AND</b> <b>CPT E/M service codes:</b> 99201-99205, 99212-99215, 99241-99245	<b>Baseline Cytogenetic Testing Performed</b> <b>CPT II 3155F:</b> Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment	Once per reporting period	
	<b>Baseline Cytogenetic Testing not Performed for Medical Reasons</b> <b>CPT II 3155F 1P:</b> Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., no liquid bone marrow or fibrotic marrow)		
	<b>Baseline Cytogenetic Testing not Performed for Patient Reasons</b> <b>CPT II 3155F 2P:</b> Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., at time of diagnosis receiving palliative care or not receiving treatment as defined above)		
	<b>Baseline Cytogenetic Testing not Performed for System Reasons</b> <b>CPT II 3155F 3P:</b> Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., patient previously treated by another physician at the time cytogenetic testing performed)		
	<b>Baseline Cytogenetic Testing not Performed, Reason Not Specified</b> <b>CPT II 3155F 8P:</b> Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified		

Measure #68: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy			
<a href="#">Description for Measure #68</a> <a href="#">Data Collection Sheet for Measure #68</a> <a href="#">Coding Specifications for Measure #68</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients aged 18 years and older with a diagnosis of MDS  <b>ICD-9 diagnosis codes:</b> 238.72-238.75 <b>AND</b> <b>CPT E/M service codes:</b> 99201-99205, 99212-99215, 99241-99245	<b>Patient Receiving Erythropoietin Therapy and Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy Performed</b> <b>CPT II 3160F:</b> Documentation of iron stores prior to initiating erythropoietin therapy <b>AND</b> <b>CPT II 4090F:</b> Patient receiving erythropoietin therapy	Once per reporting period	For several of the measure codes, 2 CPT II codes must be reported together. The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.  If oncologists choose to report on this measure, a measure code must be submitted on claims for patients with MDS (ICD-9 codes 238.72-238.75) that include the listed E&M codes, <b>even if the patient is not receiving erythropoietin therapy.</b> If the patient otherwise meets the eligibility criteria but is not receiving erythropoietin, use the CPT II 4095F code. Submission of any code counts as an instance of reporting.  Documentation of iron stores includes either bone marrow examination including iron stain OR serum iron measurement by ferritin or serum iron and TIBC. Documentation may have occurred at any time before initiating therapy.
	<b>Patient Receiving Erythropoietin Therapy and Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy not Performed for System Reasons</b> <b>CPT II 3160F 3P:</b> Documentation of system reason(s) for not documenting iron stores prior to initiating erythropoietin therapy <b>AND</b> <b>CPT II 4090F:</b> Patient receiving erythropoietin therapy		
	<b>Patient Receiving Erythropoietin Therapy and Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy not Performed, Reason Not Specified</b> <b>CPT II 3160F 8P:</b> Iron stores prior to initiating erythropoietin therapy not documented, reason not otherwise specified <b>AND</b> <b>CPT II 4090F:</b> Patient receiving erythropoietin therapy		
	<b>Patient Not Receiving Erythropoietin Therapy</b> <b>CPT II 4095F:</b> Patient not receiving erythropoietin therapy		

<b>Measure #69: Multiple Myeloma: Treatment with Bisphosphonates</b>			
<a href="#">Description for Measure #69</a>			
<a href="#">Data Collection Sheet for Measure #69</a>			
<a href="#">Coding Specifications for Measure #69</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission <b>ICD-9 diagnosis code:</b> 203.00 <b>AND</b> <b>CPT E/M service codes:</b> 99201-99205, 99212-99215, 99241-99245	<b>Intravenous Bisphosphonate Therapy Prescribed or Received</b> <b>CPT II 4100F:</b> Bisphosphonate therapy, intravenous, ordered or received	Once per reporting period	Bisphosphonate therapy includes pamidronate and zoledronate.  Measure applies to all patients aged 18 and over with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period.
	<b>Intravenous Bisphosphonate Therapy not Prescribed or Received for Medical Reasons</b> <b>CPT II 4100F 1P:</b> Documentation of medical reason(s) for not prescribing bisphosphonates		
	<b>Intravenous Bisphosphonate Therapy not Prescribed or Received for Patient Reasons</b> <b>CPT II 4100F 2P:</b> Documentation of patient reason(s) for not prescribing bisphosphonates		
	<b>Intravenous Bisphosphonate Therapy not Prescribed, Reason Not Specified</b> <b>CPT II 4100F 8P:</b> Bisphosphonate therapy, intravenous, not ordered or received, reason not otherwise specified		

<b>Measure #70: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry</b> <a href="#">Description for Measure #70</a> <a href="#">Data Collection Sheet for Measure #70</a> <a href="#">Coding Specifications for Measure #70</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients aged 18 years and older with a diagnosis of CLL <b>ICD-9 diagnosis code:</b> 204.10 <b>AND</b> <b>CPT E/M service codes:</b> 99201-99205, 99212-99215, 99241-99245	<b>Baseline Flow Cytometry Studies Performed</b> <b>CPT II 3170F:</b> Flow cytometry studies performed at time of diagnosis or prior to initiating treatment	Once per reporting period	Baseline flow cytometry studies refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis.
	<b>Baseline Flow Cytometry Studies not Performed for Medical Reasons</b> <b>CPT II 3170F 1P:</b> Documentation of medical reason(s) for not performing baseline flow cytometry studies		
	<b>Baseline Flow Cytometry Studies not Performed for Patient Reasons</b> <b>CPT II 3170F 2P:</b> Documentation of patient reason(s) for not performing baseline flow cytometry studies		
	<b>Baseline Flow Cytometry Studies not Performed for System Reasons</b> <b>CPT II 3170F 3P:</b> Documentation of system reason(s) for not performing baseline flow cytometry studies		
	<b>Baseline Flow Cytometry Studies not Performed, Reason Not Specified</b> <b>CPT II 3170F 8P:</b> Flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified		

Measure #71: Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer			
<a href="#">Description for Measure #71</a> <a href="#">Data Collection Sheet for Measure #71</a> <a href="#">Coding Specifications for Measure #71</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
If you select this measure for reporting, you will report: <ul style="list-style-type: none"> <li>The estrogen receptor (ER) and progesterone receptor (PR) status AND the documented AJCC Cancer Stage of breast cancer for every female patient.</li> </ul> If the patient has Stage IC through IIIC, ER or PR positive breast cancer, you will also report: <ul style="list-style-type: none"> <li>Whether or not the patient is receiving tamoxifen or aromatase inhibitor</li> </ul>			
All female patients aged 18 years and older with breast cancer <b>ICD-9 diagnosis codes:</b> 174.0-174.6, 174.8, 174.9 <b>AND</b> <b>CPT E/M service codes:</b> 99201-99205, 99212-99215	<b>ER and PR Negative Breast Cancer</b> <b>CPT II 3316F:</b> Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (NO OTHER REPORTING CODES REQUIRED) <hr/> <b>ER and PR Status Not Documented</b> <b>CPT II 3316F 8P:</b> No documentation of estrogen receptor (ER) and progesterone receptor (PR) status (NO OTHER REPORTING CODES REQUIRED) <hr/> <b>ER/PR Positive Breast cancer, AJCC Cancer Stage 0, documented</b> <b>CPT II 3302F:</b> AJCC Cancer Stage 0, documented (NO OTHER REPORTING CODES REQUIRED) <hr/> <b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IA, documented</b> <b>CPT II 3303F:</b> AJCC Cancer Stage IA, documented (NO OTHER REPORTING CODES REQUIRED) <i>Report CPT II 3303F for the following Stage I Breast Cancers:</i> <i>T1mic – Microinvasion 0.1 cm or less in greatest dimension</i> <i>T1a – Tumor more than 0.1 cm but not more than 0.5 cm in greatest dimension</i> <i>T1b – Tumor more than 0.5 cm but not more than 1 cm in greatest dimension</i>	Once per reporting period	<b>Specifications for this measure have changed since 2007 PQRI. Reporting this measure is complex and the measure codes and specifications should be carefully reviewed prior to decisions regarding reporting of this measure for 2008.</b>  The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.  The reporting clinician is not required to have written the initial prescription.  <i>For some CPT II codes for this measure, the code instructions differ from the code description. In these instances, instructions are highlighted in red in this table.</i>

<p style="text-align: center;"><i>Continued, page 2: Measure #71: Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer</i></p>	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage not documented</b>  <b>CPT II 3305F 8P:</b> No documentation of cancer stage (NO OTHER REPORTING CODES REQUIRED)</p>		
	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IC, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3305F:</b> AJCC Cancer Stage IC, documented  <i>Report CPT II 3305F for Stage I, T1c breast cancer – tumor more than 1 cm but not more than 2 cm in greatest dimension</i>  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p>		
	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IIA, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3306F:</b> AJCC Cancer Stage IIA, documented  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p>		
	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IIB, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3307F:</b> AJCC Cancer Stage IIB, documented  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p>		
	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IIIA, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3309F:</b> AJCC Cancer Stage IIIA, documented  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p>		

<p style="text-align: center;"><i>Continued, page 3: Measure #71: Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer</i></p>	<p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IIIB, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3310F:</b> AJCC Cancer Stage IIIB, documented  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p> <hr/> <p><b>ER/PR Positive Breast Cancer, AJCC Cancer Stage IIIC, documented</b>  <b>CPT II 3315F:</b> ER or PR positive breast cancer  AND  <b>CPT II 3311F:</b> AJCC Cancer Stage IIIC, documented  AND  Appropriate tamoxifen/AI code (CPT II 4179F, 4179F 1P, 4179F 2P, 4179F 3P, 4179F 8P) from bulleted list below</p>		
	<ul style="list-style-type: none"> <li>▪ <b>Tamoxifen or aromatase inhibitor (AI) prescribed</b>  <b>CPT II 4179F:</b> Tamoxifen or AI prescribed</li> <hr/> <li>▪ <b>Tamoxifen or aromatase inhibitor not prescribed, documentation provided</b>  <b>CPT II 4179F 1P:</b> Documentation of medical reason(s) for not prescribing tamoxifen or AI</li> <hr/> <li>▪ <b>Tamoxifen or aromatase inhibitor not prescribed for patient reason(s)</b>  <b>CPT II 4179F 2P:</b> Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor</li> <hr/> <li>▪ <b>Tamoxifen or aromatase inhibitor not prescribed for system reason(s)</b>  <b>CPT II 4179F 3P:</b> Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor</li> <hr/> <li>▪ <b>Tamoxifen or aromatase inhibitor not prescribed, reason not specified</b>  <b>CPT II 4179F 8P:</b> Tamoxifen or aromatase inhibitor not prescribed, reason not otherwise specified</li> </ul>		

<b>Measure #72: Chemotherapy for Stage III Colon Cancer Patients</b>			
<a href="#">Description for Measure #72</a> <a href="#">Data Collection Sheet for Measure #72</a> <a href="#">Coding Specifications for Measure #72</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
<p>If you select this measure for reporting, you will report:</p> <ul style="list-style-type: none"> <li>The documented AJCC Cancer Stage of colon cancer for every patient.</li> </ul> <p>If the patient has Stage III colon cancer, you will then need to report:</p> <ul style="list-style-type: none"> <li>Whether or not you prescribed or documented that the patient previously received adjuvant chemotherapy.</li> </ul>			
<p>All patients aged 18 and older with colon cancer</p> <p><b>ICD-9 diagnosis codes:</b> 153.0-153.9</p> <p><b>AND</b></p> <p><b>CPT E/M service codes:</b> 99201-99205, 99212-99215</p>	<p><b>AJCC Cancer Stage 0, documented</b>  <b>CPT II 3302F:</b> AJCC Cancer Stage 0, documented  (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>AJCC Cancer Stage IB, documented</b>  <b>CPT II 3304F:</b> AJCC Cancer Stage IB, documented  (NO OTHER REPORTING CODES REQUIRED)  <i>Use CPT II 3304F to report <u>all</u> Stage I colon cancers.</i></p> <hr/> <p><b>AJCC Cancer Stage IIA, documented</b>  <b>CPT II 3306F:</b> AJCC Cancer Stage IIA, documented  (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>AJCC Cancer Stage IIB, documented</b>  <b>CPT II 3307F:</b> AJCC Cancer Stage IIB, documented  (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>AJCC Cancer Stage IV, documented</b>  <b>CPT II 3312F:</b> AJCC Cancer Stage IV, documented  (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>No documentation of cancer stage</b>  <b>CPT II 3309F 8P:</b> No documentation of cancer stage  (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>AJCC Cancer Stage IIIA, documented</b>  <b>CPT II 3309F:</b> AJCC Cancer Stage IIIA, documented  AND  Appropriate adjuvant chemotherapy code (CPT II 4180F, 4180F 1P, 4180F 2P, 4180F 3P, 4180F 8P), listed below</p>	<p>Once per reporting period</p>	<p><b>Specifications for this measure have changed since 2007 PQRI. Reporting this measure is complex and the measure codes and specifications should be carefully reviewed prior to decisions regarding reporting of this measure for 2008.</b></p> <p>The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.</p> <p>The reporting clinician is not required to have written the initial prescription. “Prescribed” can include managing treatment started by another clinicians.</p> <p><i>For one CPT II code for this measure, the code instructions differ from the code description. In this instance, instructions are highlighted in red in this table.</i></p>

<p style="text-align: center;"><i>Continued, page 2: Measure #72: Chemotherapy for Stage III Colon Cancer Patients</i></p>	<p><b>AJCC Cancer Stage IIIB, documented</b>  <b>CPT II 3310F:</b> AJCC Cancer Stage IIIB, documented  AND  Appropriate adjuvant chemotherapy code (CPT II 4180F,  4180F 1P, 4180F 2P, 4180F 3P, 4180F 8P), listed below</p>		
	<p><b>AJCC Cancer Stage IIIC, documented</b>  <b>CPT II 3311F:</b> AJCC Cancer Stage IIIC, documented  AND  Appropriate adjuvant chemotherapy code (CPT II 4180F,  4180F 1P, 4180F 2P, 4180F 3P, 4180F 8P), listed below</p>		
	<p>▪ <b>Adjuvant chemotherapy prescribed or previously received</b>  <b>CPT II 4180F:</b> Adjuvant chemotherapy prescribed or previously received for Stage IIIA through Stage IIIC colon cancer</p>		
	<p>▪ <b>Adjuvant chemotherapy not prescribed, medical reason(s)</b>  <b>CPT II 4180F 1P:</b> Documentation of medical reason(s) for not prescribing adjuvant chemotherapy</p>		
	<p>▪ <b>Adjuvant chemotherapy not prescribed, patient reason(s)</b>  <b>CPT II 4180F 2P:</b> Documentation of patient reason(s) for not prescribing adjuvant chemotherapy</p>		
<p>▪ <b>Adjuvant chemotherapy not prescribed, system reason(s)</b>  <b>CPT II 4180F 3P:</b> Documentation of system reason(s) for not prescribing adjuvant chemotherapy</p>			
<p>▪ <b>Adjuvant chemotherapy not prescribed, reason not specified</b>  <b>CPT II 4180F 8P:</b> Adjuvant chemotherapy not prescribed or previously received, reason not otherwise specified</p>			

Measure #73: Plan for Chemotherapy Documented Before Chemotherapy Administered			
<a href="#">Description for Measure #73</a> <a href="#">Data Collection Sheet for Measure #73</a> <a href="#">Coding Specifications for Measure #73</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
<p>All patients with a diagnosis of breast, colon or rectal cancer who are receiving intravenous chemotherapy</p> <p><b>ICD-9 diagnosis codes:</b> 153.0 - 153.9, 154.0 - 154.3, 154.8 (digestive organs and peritoneum cancer); 174.0 – 174.6, 174.8, 174.9 (bone, connective tissue, skin and breast cancer)</p> <p><b>AND</b></p> <p><b>CPT procedure codes:</b> 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415-96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521-96523, 96542, 96549 (chemotherapy administration)</p> <p><b>AND</b></p> <p><b>CPT E/M service codes:</b> 99201-99205 (office – new patient), 99212-99215 (office – established patient)</p>	<p><b>Chemotherapy Plan Documented</b>  <b>CPT II 0519F:</b> Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen</p>	Once per reporting period	<p><b>Specifications for this measure have changed since 2007 PQRI. Note that the 2008 measure applies only to breast, colon and rectal cancer patients.</b></p> <p>Due to CMS PQRI program requirements, both a chemotherapy administration CPT code <u>and</u> an E&amp;M code must be submitted on the same claim form as the CPT II measure code.</p> <p>Chemotherapy plan documentation must include at a minimum drug(s) prescribed, dose and duration.</p>
	<p><b>Chemotherapy Plan not Documented</b>  <b>CPT II 0519F-8P:</b> Plan for chemotherapy not documented, reason not otherwise specified</p>		

**2008 PQRI Measures for Consideration by Oncology Providers: Oncology Specific Measures**  
***Radiation oncology focused measures***

<b>Measure #74: Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery</b> <a href="#">Description for Measure #74</a> <a href="#">Data Collection Sheet for Measure #74</a> <a href="#">Coding Specifications for Measure #74</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All female patients aged 18 to 70 years with invasive breast cancer  <b>ICD-9 diagnosis codes:</b> 174.0-174.6, 174.8, 174.9 (female breast cancer) <b>AND</b> <b>CPT E/M service codes:</b> 99241-99245 (outpatient consult)	<b>Radiation Therapy Recommended</b> <b>G8379:</b> Documentation of radiation therapy recommended within 12 months of first office visit	Once per reporting period	If providers choose to report on this measure, a measure code must be submitted on claims for patients with breast cancer (ICD-9 codes 174) that include the listed E&M codes, <b>even if the breast cancer is not invasive or if the patient has not had BCS.</b> If the breast cancer is not invasive or the patient has not had BCS, use the second code, “G8378, Clinician documentation that patient was not an eligible candidate for radiation therapy measure.”  CMS will exclude patients who are >70 years of age from the patient population when determining whether the reporting provider submitted measure codes for the minimum 80% of eligible patients. Oncologists are not required to submit codes for breast cancer patients aged >70 years for this measure.
	<b>Radiation Therapy not Recommended for Documented Reasons</b> <b>G8378:</b> Clinician documentation that patient was not an eligible candidate for radiation therapy measure		
	<b>Radiation Therapy not Recommended</b> <b>G8383:</b> No documentation of radiation therapy recommended within 12 months of first office visit		

<b>Measure #101: Appropriate Initial Evaluation for Patients with Prostate Cancer</b> <a href="#">Description for Measure #101</a> <a href="#">Data Collection Sheet for Measure #101</a> <a href="#">Coding Specifications for Measure #101</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All male patients, regardless of age, with prostate cancer receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy or cryotherapy  <b>ICD-9 diagnosis codes:</b> 185 <b>AND</b> <b>CPT E/M procedure codes:</b> 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77411, 77412, 77413, 77414, 77416, 77418, 77427, 77776, 77777, 77778, 77784	<b>PSA AND Primary Tumor Stage AND Gleason Score documented</b> <b>CPT II 3268F:</b> Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment	Once per reporting period	
	<b>PSA AND Primary Tumor Stage AND Gleason Score not documented, for medical reason(s)</b> <b>CPT II 3268F 1P:</b> Documentation of medical reason(s) for not documenting PSA, AND primary tumor stage (T), AND Gleason score prior to initiation of treatment		
	<b>PSA AND Primary Tumor Stage AND Gleason Score not documented, reason not specified</b> <b>CPT II 3268F 8P:</b> Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score not documented prior to initiation of treatment, reason not otherwise specified		

<b>Measure #102: Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients</b>			
<a href="#">Description for Measure #102</a>			
<a href="#">Data Collection Sheet for Measure #102</a>			
<a href="#">Coding Specifications for Measure #102</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
<p>Males patients with prostate cancer receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy</p> <p><b>ICD-9 diagnosis codes:</b> 185 <b>AND</b> <b>CPT E/M procedure codes:</b> 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77411, 77412, 77413, 77414, 77416, 77418, 77427, 77776, 77777, 77778, 77784</p>	<p><b>Intermediate Risk of Recurrence</b> <b>CPT II 3272F:</b> Intermediate risk of recurrence, prostate cancer (NO OTHER REPORTING CODES REQUIRED)</p>	<b>Each time</b> patient receives listed therapy	<p>Codes for this measure must be reported for all prostate cancer patients receiving the listed therapies, not only those at low risk or recurrence.</p> <p>The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.</p> <p>Risk strata definitions for this measure: <u>Low Risk:</u> PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a <u>Intermediate Risk:</u> PSA &gt;10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk <u>High Risk:</u> PSA &gt; 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk</p>
	<p><b>High Risk of Recurrence</b> <b>CPT II 3273F:</b> High risk of recurrence, prostate cancer (NO OTHER REPORTING CODES REQUIRED)</p>		
	<p><b>Risk of Recurrence not Determined</b> <b>CPT II 3274F:</b> Prostate cancer risk of recurrence not determined or neither low, intermediate not high (NO OTHER REPORTING CODES REQUIRED)</p>		
	<p><b>Low Risk of Recurrence</b> <b>CPT II 3271F:</b> Low risk of recurrence, prostate cancer AND Bone scan code from list below:</p>		
	<p>▪ <b>Bone Scan not Performed</b> <b>CPT II 3270F:</b> Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer</p>		
	<p>▪ <b>Bone Scan Performed for Medical Reason(s)</b> <b>CPT II 3269F 1P:</b> Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)</p>		
	<p>▪ <b>Bone Scan Performed for System Reason(s)</b> <b>CPT II 3269F 3P:</b> Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than reporting physician)</p>		
<p>▪ <b>Bone scan performed</b> <b>CPT II 3269F:</b> Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer</p>			

<b>Measure #103: Review of Treatment Options in Patients with Clinically Localized Prostate Cancer</b> <a href="#">Description for Measure #103</a> <a href="#">Data Collection Sheet for Measure #103</a> <a href="#">Coding Specifications for Measure #103</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
Male patients, regardless of age, with clinically localized prostate cancer receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy  <b>ICD-9 diagnosis codes:</b> 185 WITHOUT 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 <b>AND</b> <b>CPT E/M procedure codes:</b> 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77261, 77262, 77263	<b>Counseling on Treatment Options for Clinically Localized Prostate Cancer Provided</b> <b>CPT II 4163F:</b> Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance AND interstitial prostate brachytherapy AND external beam radiotherapy AND radical prostatectomy, provided prior to initiation of treatment	Once per reporting period	
	<b>Counseling on Treatment Options for Clinically Localized Prostate Cancer not Provided for Medical Reason(s)</b> <b>CPT II 4163F 1P:</b> Documentation of medical reason(s) for not counseling patient at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance AND interstitial prostate brachytherapy AND external beam radiotherapy AND radical prostatectomy		
	<b>Counseling on Treatment Options for Clinically Localized Prostate Cancer not Provided, Reason not Specified</b> <b>CPT II 4163F 8P:</b> Patient was not provided counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance AND interstitial prostate brachytherapy AND external beam radiotherapy AND radical prostatectomy, reason not otherwise specified		

<b>Measure #104: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients</b>			
<a href="#">Description for Measure #104</a>			
<a href="#">Data Collection Sheet for Measure #104</a>			
<a href="#">Coding Specifications for Measure #104</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
<p>Male patients, regardless of age, with prostate cancer who receive external beam radiotherapy to the prostate</p> <p><b>ICD-9 diagnosis codes:</b> 185 <b>AND</b> <b>CPT E/M procedure codes:</b> 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, 77418, 77427</p>	<p><b>Patient not eligible for adjuvant hormonal therapy, low or intermediate risk or recurrence OR risk of recurrence not determined</b> <b>CPT II G8464:</b> Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence OR risk of recurrence not determined</p>	Once per episode of radiation therapy	<p>This measure uses G codes; codes related to risk of recurrence differ from those in measure #102.</p> <p>The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.</p> <p>Risk strata definitions for this measure: <u>Low Risk:</u> PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a <u>Intermediate Risk:</u> PSA &gt;10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk <u>High Risk:</u> PSA &gt; 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk</p>
	<p><b>High risk of recurrence</b> <b>CPT II G8465:</b> High risk of recurrence of prostate cancer AND Appropriate adjuvant hormonal therapy code (CPT II 4164F, 4164F 1P, 4164F 2P, 4164F 8P) from list below:</p>		
	<p>▪ <b>Adjuvant Hormonal Therapy Prescribed/Administered</b> <b>CPT II 4164F:</b> Adjuvant (i.e., in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist) prescribed/administered</p>		
	<p>▪ <b>Adjuvant Hormonal Therapy not Prescribed/Administered for Medical Reason(s)</b> <b>CPT II 4164F 1P:</b> Documentation of medical reason(s) for not prescribing/administering adjuvant hormonal therapy</p>		
	<p>▪ <b>Adjuvant Hormonal Therapy not Prescribed/Administered for Patient Reason(s)</b> <b>CPT II 4164F 2P:</b> Documentation of patient reason(s) for not prescribing/administering adjuvant hormonal therapy</p>		
	<p>▪ <b>Adjuvant Hormonal Therapy not Prescribed/Administered, Reason not Specified</b> <b>CPT II 4164F 8P:</b> Patients who were not prescribed/administered adjuvant hormonal therapy, reason not otherwise specified</p>		

<b>Measure #105: Three-dimensional Radiotherapy for Patients with Prostate Cancer</b>			
<a href="#">Description for Measure #105</a>			
<a href="#">Data Collection Sheet for Measure #105</a>			
<a href="#">Coding Specifications for Measure #105</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
<p>All male patients, regardless of age, with clinically localized prostate cancer</p> <p><b>ICD-9 diagnosis codes:</b> 185 WITHOUT 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</p> <p><b>AND</b></p> <p><b>CPT E/M procedure codes:</b> 77401, 77402, 77403, 77404, 77406, 77407, 77408, 77409, 77411, 77412, 77413, 77414, 77416, 77418, 77427</p>	<p><b>External Beam Radiotherapy to Region(s) Other than Prostate Only</b> <b>CPT II 4201F:</b> External beam radiotherapy for prostate cancer to region(s) other than prostate only (NO OTHER REPORTING CODES REQUIRED)</p> <hr/> <p><b>External Beam Radiotherapy to Prostate Only</b> <b>CPT II 4200F:</b> External beam radiotherapy to prostate only AND Appropriate 3D-CRT or IMRT code (CPT II 4165F, 4165F 8P) from list below:</p> <hr/> <ul style="list-style-type: none"> <li>▪ <b>3D-CRT or IMRT Received</b> <b>CPT II 4165F:</b> Three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received</li> </ul> <hr/> <ul style="list-style-type: none"> <li>▪ <b>3D-CRT or IMRT not Received, Reason not Specified</b> <b>CPT II 4165F 8P:</b> Patients who did not receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT), reason not otherwise specified</li> </ul>	<p><b>Each time</b> patient receives external beam radiotherapy during the reporting period</p>	<p>The correct combination of codes must be reported on the claim form in order to properly report this measure. This may require the submission of multiple codes.</p>

**2008 PQRI Measures for Consideration by Oncology Providers: Oncology Specific Measures**  
*Pathology focused measures*

<b>Measure #99: Breast Cancer Patients who have a pT and pN Category and Histologic Grade for their Cancer</b> <a href="#">Description for Measure #99</a> <a href="#">Data Collection Sheet for Measure #99</a> <a href="#">Coding Specifications for Measure #99</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients with breast cancer, regardless of age  <b>ICD-9 diagnosis codes:</b> 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9 <b>AND</b> <b>CPT E/M procedure codes:</b> 88307, 88309	<b>pT category, pN category, and histologic grade documented in pathology report</b> <b>CPT II 3260F:</b> pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report	<b>Each time</b> a breast cancer resection surgical pathology examination is performed during the reporting period	
	<b>pT category, pN category, and histologic grade not documented in pathology report for medical reason(s)</b> <b>CPT II 3260F 1P:</b> Documentation of medical reason(s) for not including pT category, pN category, and histologic grade in the pathology report (eg, re-excision without residual tumor; non-carcinomas)		
	<b>pT category, pN category, and histologic grade not documented in pathology report, reason not specified</b> <b>CPT II 3260F 8P:</b> pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified		

<b>Measure #100: Colorectal Cancer Patients who have a pT and pN Category and Histologic Grade for their Cancer</b> <a href="#">Description for Measure #100</a> <a href="#">Data Collection Sheet for Measure #100</a> <a href="#">Coding Specifications for Measure #100</a>			
ELIGIBLE PATIENTS	MEASURE CODING	REPORTING FREQUENCY	NOTES
All patients with colorectal cancer, regardless of age  <b>ICD-9 diagnosis codes:</b> 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.8 <b>AND</b> <b>CPT E/M procedure codes:</b> 88309	<b>pT category, pN category, and histologic grade documented in pathology report</b> <b>CPT II 3260F:</b> pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report	<b>Each time</b> a colorectal cancer resection surgical pathology examination is performed during the reporting period	
	<b>pT category, pN category, and histologic grade not documented in pathology report for medical reason(s)</b> <b>CPT II 3260F 1P:</b> Documentation of medical reason(s) for not including pT category, pN category, and histologic grade in the pathology report (eg, non-carcinomas; anal canal)		
	<b>pT category, pN category, and histologic grade not documented in pathology report, reason not specified</b> <b>CPT II 3260F 8P:</b> pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified		

## 2008 PQRI Measures for Consideration by Oncology Providers: General Measures

Use the links provided for detailed information about each of these measures. See <http://www.cms.hhs.gov/PQRI/> for a full list of measures.

<b>Measure #47: Advance Care Plan</b> <a href="#">Description for Measure #47</a> <a href="#">Data Collection Sheet for Measure #47</a> <a href="#">Coding Specifications for Measure #47</a>
<b>Measure #110: Influenza Vaccination for Patients <math>\geq</math> 50 Years Old</b> <a href="#">Description for Measure #110</a> <a href="#">Data Collection Sheet for Measure #110</a> <a href="#">Coding Specifications for Measure #110</a>
<b>Measure #111: Pneumonia Vaccination for Patients 65 Years and Older</b> <a href="#">Description for Measure #111</a> <a href="#">Data Collection Sheet for Measure #111</a> <a href="#">Coding Specifications for Measure #111</a>
<b>Measure #112: Screening Mammography</b> <a href="#">Description for Measure #112</a> <a href="#">Data Collection Sheet for Measure #112</a> <a href="#">Coding Specifications for Measure #112</a>
<b>Measure #113: Colorectal Cancer Screening</b> <a href="#">Description for Measure #113</a> <a href="#">Data Collection Sheet for Measure #113</a> <a href="#">Coding Specifications for Measure #113</a>
<b>Measure #114: Inquiry Regarding Tobacco Use</b> <a href="#">Description for Measure #114</a> <a href="#">Data Collection Sheet for Measure #114</a> <a href="#">Coding Specifications for Measure #114</a>
<b>Measure #115: Advising Smokers to Quit</b> <a href="#">Description for Measure #115</a> <a href="#">Data Collection Sheet for Measure #115</a> <a href="#">Coding Specifications for Measure #115</a>
<b>Measure #124: HIT – Adoption/Use of Health Information Technology (Electronic Health Records)</b> <a href="#">Description for Measure #124</a> <a href="#">Data Collection Sheet for Measure #124</a> <a href="#">Coding Specifications for Measure #124</a>
<b>Measure #125: HIT – Adoption/Use of e-Prescribing</b> <a href="#">Description for Measure #125</a> <a href="#">Data Collection Sheet for Measure #125</a> <a href="#">Coding Specifications for Measure #125</a>
<b>Measure #129: Universal Influenza Vaccine Screening and Counseling</b> <i>NOTE: This measure is intended for use by non-physicians.</i> <a href="#">Description for Measure #129</a> <a href="#">Data Collection Sheet for Measure #129</a> <a href="#">Coding Specifications for Measure #129</a>

**Measure #130: Universal Documentation and Verification of Current Medications in the Medical Record**

*NOTE: This measure is intended for use by non-physicians.*

[Description for Measure #130](#)

[Data Collection Sheet for Measure #130](#)

[Coding Specifications for Measure #130](#)

**Measure #131: Pain Assessment Prior to Initiation of Patient Treatment**

*NOTE: This measure is intended for use by non-physicians.*

[Description for Measure #131](#)

[Data Collection Sheet for Measure #131](#)

[Coding Specifications for Measure #131](#)

**Measure #132: Patient Co-Development of Treatment Plan/Plan of Care**

*NOTE: This measure is intended for use by non-physicians.*

[Description for Measure #132](#)

[Data Collection Sheet for Measure #132](#)

[Coding Specifications for Measure #132](#)