**American Medical Association (AMA)-convened**
**Physician Consortium for Performance Improvement® (PCPI®)**
**American Society for Therapeutic Radiology and Oncology (ASTRO)/**
**American Society of Clinical Oncology (ASCO)**

# Oncology Performance Measurement Sets

**PCPI Approved: October, 2007**
**Updated: February, 2015**
**Coding Reviewed and Updated: September, 2015**

Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®). These Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, 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 the AMA, (on behalf of the PCPI). Neither the AMA, PCPI nor its members shall be responsible for any use of the Measures.

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

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. Use of CPT coding beyond fair use requires a license from the AMA.

**Oncology**
**Measure Development Work Group**

## Work Group Members

Patricia Ganz, MD (Co-Chair)
James Hayman, MD (Co-Chair)

Joseph Bailes, MD
Nancy Baxter, MD, PhD
Joel V. Brill, MD
Steven B. Clauser, PhD
Charles Cleeland, PhD
J. Thomas Cross, Jr. MD, MPH
Chaitanya R. Divgi, MD
Stephen B. Edge, MD
Patrick L. Fitzgibbons, MD
Sue Frechette
Myron Goldsmith, MD
Joel W. Goldwein, MD
Alecia Hathaway, MD, MPH
Kevin P. Hubbard, DO
Nora Janjan, MD, MPSA
Maria Kelly, MB, BCh
Wayne Koch, MD
Andre Konski, MD
Len Lichtenfeld, MD
Norman J. Marcus, MD
Catherine Miyamoto, RN, BSN
Michael Neuss, MD
Jean Owen, PhD
David F. Penson, MD, MPH
Louis Potters, MD
John M. Rainey, MD
Christopher M. Rose, MD
Lee Smith, MD
Lawrence A. Solberg, MD, PhD
Paul E. Wallner, MD
J. Frank Wilson, MD
Rodger Winn, MD

## Work Group Staff

**American Society for Radiation Oncology**
Emily Wilson
Robyn Watson, PhD
Dave Adler

**American Society for Clinical Oncology**
Kristen McNiff, MPH
Pamela Kadlubek, MPH
Julia Tompkins

**American College of Radiation Oncology**
Jennifer Dreyfus

**National Committee for Quality Assurance**
Donna Pillittere

**American College of Surgeons**
Julie Lewis

**Centers for Medicare and Medicaid Service**
Tiffany Sanders, MD

**College of American Pathologists**
Fay Shamanski, PhD

**National Comprehensive Cancer Network**
Joan McClure, MS

**Consumer Representative**
Catherine D. Harvey, Dr.PH

**Health Plan Representative**
Ranae Dahlberg

**American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®)**
Anu Gupta, JD
Kendra Hanley, MS
Erin O. Kaleba, MPH
Karen S. Kmetik, PhD
Samantha Tierney, MPH

* The composition and affiliations of the work group members are listed as originally convened and are not up to date

## Intended Audience, Care Setting, and Patient Population

These clinical performance measures, developed by the Physician Consortium for Performance Improvement (PCPI), American Society for Therapeutic Radiology and Oncology (ASTRO), and American Society of Clinical Oncology (ASCO), are designed for use by physicians for calculating reporting or performance measurement at the individual physician level. Each measure is designed for individual quality improvement and accountability (as indicted in the list below) if appropriate methodological, statistical, and implementation rules are achieved. When existing hospital-level or plan-level measures are available for the same measurement topics, the PCPI attempts to harmonize the measures to the extent feasible.

These measures are designed for oncologists and other physicians managing the care of patients with cancer.

The PCPI also encourages the use of these measures by non-physician health professionals, where appropriate.

**Oncology Measures**

**Accountability Measures:**

Measure #1: Cancer stage documented

*This measure is stewarded by the American Society of Clinical Oncology (ASCO). It has been removed from this document.*

Measure #2: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Measure #3: Chemotherapy for Stage IIIA through IIIC colon cancer patients

Measure #4: Plan for chemotherapy documented

*This measure is stewarded by the American Society of Clinical Oncology (ASCO). It has been removed from this document.*

Measure #6: Treatment summary communication – Radiation oncology

*This measure is stewarded by the American Society for Radiation Oncology (ASTRO). It has been removed from this document.*

Measure #7: Radiation dose limits to normal tissues

*This measure is stewarded by the American Society for Radiation Oncology (ASTRO). It has been removed from this document.*

Measure #8: Medical and Radiation – Pain Intensity Quantified

Measure #9: Plan of care for pain – Medical oncology and radiation oncology

*This measure is stewarded by the American Society of Clinical Oncology (ASCO). It has been removed from this document.*

**Quality Improvement Measures:**

Measure #5: Treatment summary documented and communicated – Medical oncology

*This measure is stewarded by the American Society of Clinical Oncology (ASCO). It has been removed from this document.*

Measure #10: Pathology report

*This measure is stewarded by the American Society of Clinical Oncology (ASCO). It has been removed from this document.*

## Measure Specifications

There are several data sources available for collecting performance measures; generally different data sources require different sets of measure specifications, due to the structure of the systems storing the data.

Quality measure technical specifications for administrative data sources are developed with administrative code sets – ICD-9-CM, ICD-10-CM, CPT, for example. A measure intended for administrative data source use or reporting may have significant differences in the specifications due to the nature of the various data sources. In administrative data sources, administrative or billing codes are typically used to identify eligible populations and reported immediately following the provision of care.

Quality measure technical specifications for electronic data sources are developed in alignment with national standards for clinical quality measures. Based on a measure's intended data sources, coding terminology recommendations and tools are used to create specifications to allow for clinical quality measure reporting. In electronic clinical data sources, data can be aggregated over a specific time period and also allow for greater ability to express certain types of data through use of the recommended terminologies for electronic sources.

The Centers for Medicare and Medicaid Services (CMS) developed *A Blueprint for the Measures Management System*, which provides guidance related to the development, implementation, and maintenance of clinical quality measures. Specific to eCQMs, this resource includes the recommended vocabularies used to develop the value sets used in the measures. The Blueprint can be found at the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html

When expressing clinical concepts found within a measure, specifically for those electronically specified, the Value Set Authority Center (VSAC) is used as a repository for the value sets. The VSAC serves as a

repository for value sets in various stages of development, from draft to published, and allows for maintenance of value sets as updates are made to terminologies. It also allows measure developers to search for value sets currently in the VSAC and stewarded by another organization which could potentially be reused in a measure, as an effort towards harmonization with existing value sets so as not to duplicate value sets already in use with the same or similar clinical concepts. The VSAC can be accessed at the following webpage: https://vsac.nlm.nih.gov/

The Quality Data Model (QDM) is a framework used to categorize clinical concepts used in quality measures, as well as the relationships among them for electronic specification. The QDM allows for an Health Quality Measures Format (HQMF) rendering of logic using the Measure Authoring Tool (MAT) to express complex measure logic, and subsequently export measures in several formats, currently including a human-readable document, which can be viewed in a web browser, and the XML.
Links to these tools are found below:
QDM: https://ecqi.healthit.gov/qdm
MAT: https://www.emeasuretool.cms.gov/

CMS and the Office of the National Coordinator for Health IT (ONC) host a website, the Electronic Clinical Quality Information Resource Center (eCQI Resource Center), which is designed to serve as a one-stop shop for all resources related to eCQM development.
The eCQI Resource Center can be accessed at: https://ecqi.healthit.gov/ecqm

## Measure Exclusions and Exceptions

### Measure Exclusions

The PCPI distinguishes between measure exceptions and measure exclusions. Exclusions arise when the intervention required by the numerator is not appropriate for a group of patients who are otherwise included in the initial patient or eligible population of a measure (ie, the denominator). Exclusions are absolute and are to be removed from the denominator of a measure and therefore clinical judgment does not enter the decision.

### Measure Exceptions

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences.

For ***process measures***, the PCPI provides three categories of exception reasons for which a patient may be removed from the denominator of an individual measure.

- **Medical reasons**

Includes:
- not indicated (absence of organ/limb, already received/performed, other)
- contraindicated (patient allergic history, potential adverse drug interaction, other)

- **Patient reasons**
  Includes:
  - patient declined
  - social or religious reasons
  - other patient reasons

- **System reasons**
  Includes:
  - resources to perform the services not available
  - insurance coverage/payor-related limitations
  - other reasons attributable to health care delivery system

These measure exception categories are not available uniformly across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. For some measures, examples have been provided in the measure exception language of instances that would constitute an exception. Examples are intended to guide clinicians and are not all-inclusive lists of all possible reasons why a patient could be excluded from a measure. There are different approaches for reporting measure exceptions, depending on whether the measure is being reported from an electronic clinical data source or an administrative data source.

Electronic Clinical Data Sources:
Value sets are included in the electronic clinical data source specifications for Medical Reason, Patient Reason and System Reason. These have been specified in SNOMED-CT and include a broad list of reasons that pertain to each type of exception and cover various situations. The contents of these value sets are broad, and facilitate re-use of the Medical, Patient, and System Reason value sets across measurement sets.

Administrative Data Sources
Exceptions reported from administrative data sources can be reported using a Quality Data Code (QDC), which may be a CPT Category II code or a G-code.

Where CPT Category II codes are used, the exception of a patient may be reported by appending the appropriate modifier to the CPT Category II code designated for the measure:

- **Medical reasons:** modifier 1P
- **Patient reasons:** modifier 2P
- **System reasons:** modifier 3P

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the *specific* reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. For example, it is possible for implementers to calculate the percentage of patients that physicians have identified as meeting the criteria for exception.

Please refer to documentation for each individual measure for information on the acceptable exception categories and the codes and modifiers to be used for reporting.

Measures #1-10 in the Oncology measurement set are process measures.

For ***outcome measures***, the PCPI specifically identifies all acceptable reasons for which a patient might be excluded from the denominator. Each specified reason is reportable with a CPT Category II code designated for that purpose.

There are no outcome measures in the Oncology measurement set.

The PCPI continues to evaluate and likely will evolve its methodology for handling exclusions and exceptions as it gains experience in the use of measures.

## Oncology Measures Testing

### Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

The AMA-convened PCPI collaborated on a measure testing project in 2011 with ASCO and ASTRO, to ensure the Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer measure was reliable and evaluated for accuracy of the measure numerator, denominator and exception case identification. The testing project was conducted utilizing chart data. Inter-rater reliability was tested. Five sites participated in the testing of the measures. Two sites were in urban settings, two sites were in suburban settings, and one had multiple practice sites in urban, rural and suburban settings. Site A was a hospital-based practice with 21 physicians. Site B was a physician-owned private practice with four physicians. Site C was a physician-owned private practice with 41 physicians. Site D was an academic practice with nine physicians. Site E was an academic practice with 14 physicians.

Reliability Testing

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from chart records were used to calculate inter-rater reliability for the measures.

Reliability Testing Results

There were 156 observations from five sites used for the denominator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Of the 156 observations that were initially selected, 156 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)
Denominator: 156, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Numerator: 156, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Exceptions: 156, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*

This measure demonstrates perfect reliability, as shown in results from the above analysis.

*Cannot calculate kappa statistics when only one response (Yes/Yes) was used, as this causes a divide-by-zero error in the statistic formula.

**Chemotherapy for AJCC Stage III Colon Cancer Patients**

The AMA-convened PCPI collaborated on a measure testing project in 2011 with ASCO and ASTRO, to ensure Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients Measure was reliable and evaluated for accuracy of the measure numerator and denominator case identification. The testing project was conducted utilizing chart data. Inter-rater reliability was tested. Five sites participated in the testing of the measures. Two sites were in urban settings, two sites were in suburban settings, and one had multiple practice sites in urban, rural and suburban settings. Site A was a hospital-based practice with 21 physicians. Site B was a physician-owned private practice with four physicians. Site C was a physician-owned private practice with 41 physicians. Site D was an academic practice with nine physicians. Site E was an academic practice with 14 physicians.

Reliability Testing
The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from chart records were used to calculate inter-rater reliability for the measures.

Reliability Testing Results
Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
There were 160 observations from five sites used for the denominator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Of the 160 observations that were initially selected, 160 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)
Denominator: 160, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*

Numerator: 160, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Exceptions: Not Applicable

This measure demonstrates perfect reliability, as shown in results from the above analysis.

*Cannot calculate kappa statistics when only one response (Yes/Yes) was used, as this causes a divide-by-zero error in the statistic formula.

Signal-to-Noise Reliability Testing

For this measure, the reliability at the minimum level of quality reporting events (10) was 0.82. The average number of quality reporting events for physicians included is 80.7. The reliability at the average number of quality reporting events was 0.97.

This measure has high reliability when evaluated at the minimum level of quality reporting events and high reliability at the average number of quality events.

**Medical and Radiation - Pain Intensity Quantified Cancer Stage Documented**

The AMA-convened PCPI collaborated on a measure testing project in 2011 with ASCO and ASTRO, to ensure the Oncology: Medical and Radiation - Pain Intensity Quantified measure was reliable and evaluated for accuracy of the measure numerator, denominator and exception case identification. The testing project was conducted utilizing chart data. Inter-rater reliability was tested. Five sites participated in the testing of the measures. Two sites were in urban settings, two sites were in suburban settings, and one had multiple practice sites in urban, rural and suburban settings. Site A was a hospital-based practice with 21 physicians. Site B was a physician-owned private practice with four physicians. Site C was a physician-owned private practice with 41 physicians. Site D was an academic practice with nine physicians. Site E was an academic practice with 14 physicians.

Reliability Testing

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from chart records were used to calculate inter-rater reliability for the measures.

Reliability Testing Results

*Oncology: Medical and Radiation - Pain Intensity Quantified*

There were 862 observations from five sites used for the denominator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Of the 862 observations that were initially selected, 862 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value of 0.990 demonstrates almost perfect agreement between reviewers.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)

Denominator: 862, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Numerator: 862, 99.9%, 0.990 (0.970-1.000)
Exceptions: Not Applicable

This measure demonstrates almost perfect reliability, as shown in results from the above analysis.

*Cannot calculate kappa statistics when only one response (Yes/Yes) was used, as this causes a divide-by-zero error in the statistic formula.

**Oncology Measure #1 has been removed from this document**

## Oncology

**Measure #1:** Cancer State Documented
This measure has been removed from this document as it is maintained by the American Society of Clinical Oncology (ASCO).

## Measures transitioned to the American Society of Clinical Oncology (ASCO)

The first measure in the oncology measure set has been transitioned to ASCO. All measure inquiries may be sent to quality@asco.org.

**Measure #2: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer**

**Measure Description**

Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period

**Measure Components**

| | |
|---|---|
| **Numerator Statement** | Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period |
| **Denominator Statement** | All female patients aged 18 years and older with a diagnosis of breast cancer with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer |
| **Denominator Exclusions** | None |
| **Denominator Exceptions** | Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic, patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, other medical reason)<br><br>Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons)<br><br>Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons) |
| **Supporting Guidelines** | I. Women diagnosed with hormone receptor-positive breast cancer who are pre- or perimenopausal should be offered adjuvant endocrine therapy with:<br>a. Tamoxifen for an initial duration of 5 years.<br>b. After 5 years, women should receive additional therapy based on menopausal status.<br>i. If women are pre- or perimenopausal, or if menopausal status is unknown or cannot be determined, they should be offered continued tamoxifen for a total duration of 10 years. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong)<br>ii. If women have become definitively postmenopausal, they should be offered continued tamoxifen for a total duration of 10 years or switching to up to 5 years of an aromatase inhibitor (AI), for a total duration of up to 10 years of adjuvant endocrine therapy. (Type: Evidence-Based, Evidence Quality for tamoxifen: High, Evidence Quality for AI: High, Strength of Recommendation: Strong) |

| | |
|---|---|
| | II. Women diagnosed with hormone receptor-positive breast cancer who are postmenopausal should be offered adjuvant endocrine therapy with one of the following options:<br>a. Tamoxifen for a duration of 10 years. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong) Or<br>b. An AI for a duration of 5 years. There are insufficient data currently to recommend an AI for a duration of greater than 5 years. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong) Or<br>c. Tamoxifen for an initial duration of 5 years, then switching to an AI for up to 5 years, for a total duration of up to 10 years of adjuvant endocrine therapy. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong) Or<br>d. Tamoxifen for a duration of 2 to 3 years and switching to an AI for up to 5 years, for a total duration of up to 7 to 8 years of adjuvant endocrine therapy. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong)<br><br>III. Women who are postmenopausal and are intolerant of either tamoxifen or an AI should be offered the alternative type of adjuvant endocrine therapy.<br>a. If women have received an AI but discontinued treatment at less than 5 years, they may be offered tamoxifen for a total of 5 years. (Type: Informal consensus, Evidence Quality: Low, Strength of Recommendation: Weak)<br>b. If women have received tamoxifen for 2 to 3 years, they should be offered switching to an AI for up to 5 years, for a total duration of up to 7 to 8 years of adjuvant endocrine therapy. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong)<br><br>IV. Women who have received 5 years of tamoxifen as adjuvant endocrine therapy should be offered additional adjuvant endocrine treatment.<br>a. If women are postmenopausal, they should be offered continued tamoxifen for a total duration of 10 years or switching to up to 5 years AI, for a total duration of up to 10 years of adjuvant endocrine therapy. (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong)<br>b. If women are pre- or perimenopausal, or menopausal status cannot be ascertained, they should be offered 5 additional years of tamoxifen, for a total duration of 10 years of adjuvant endocrine therapy.[1] (Type: Evidence-Based, Evidence Quality: High, Strength of Recommendation: Strong)<br><br>Patients with invasive breast cancers that are ER- or PR-positive should be considered for adjuvant endocrine therapy regardless of patient age, lymph node status, or whether adjuvant chemotherapy is to be administered.[2]<br><br>The most firmly established adjuvant endocrine therapy is tamoxifen for both premenopausal and postmenopausal women. In women with ER-positive breast cancer, adjuvant tamoxifen decreases the annual odds of recurrence by 39% and the annual odds of death by 31% irrespective of the use of chemotherapy, patient age, menopausal status, or ALN status. In patients receiving both |

| | |
|---|---|
| | tamoxifen and chemotherapy, chemotherapy should be given first, followed by sequential tamoxifen. Prospective, randomized trials have demonstrated that 5 years of tamoxifen is more effective than 1 to 2 years of tamoxifen.[2]<br><br>Patients with lymph node involvement or with tumors greater than 1cm in diameter are appropriate candidates for adjuvant systemic therapy (category 1). For women with lymph node-negative, hormone receptor-negative tumors greater than 1 cm in diameter, chemotherapy is recommended (category 1). For those with lymph node-negative, hormone receptor-positive breast cancer tumors greater than 1 cm, endocrine therapy with chemotherapy is recommended (category 1).[2] |

## Measure Importance

| | |
|---|---|
| **Relationship to desired outcome** | The measure is focused on the receipt of adjuvant endocrine therapy among patients with Stage IC through IIIC and estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer. "Adjuvant endocrine therapy reduces the risk of breast cancer recurrence and improves overall survival among women with hormone receptor–positive breast cancer."[1] |

## Measure Designation

| | |
|---|---|
| **Measure purpose** | Accountability<br>Quality Improvement |
| **Type of measure** | Process |
| **Level of Measurement** | Clinician: Individual<br>Clinician: Group/Practice |
| **Care setting** | Ambulatory Care: Clinician Office/Clinic |
| **Data source** | Electronic health record<br>Registry<br>Administrative Claims |

**Measure #3: Chemotherapy for AJCC Stage III colon cancer patients**

## Measure Description

Percentage of patients aged 18 through 80 years with colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period

## Measure Components

| | |
|---|---|
| **Numerator Statement** | Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period |
| **Denominator Statement** | All patients aged 18 through 80 years with colon cancer with colon cancer |
| **Denominator Exclusions** | None |
| **Denominator Exceptions** | Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons)<br><br>Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal, other patient reasons)<br><br>Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons) |
| **Supporting Guidelines** | For patients with stage III disease, the panel recommends 6 months of adjuvant chemotherapy after primary surgical treatment. The treatment options are: FOLFOX or CapeOx (both category 1 and preferred); FLOX (category 1); or single-agent capecitabine or 5-FU/LV in patients for whom oxaliplatin therapy is believed to be inappropriate.[3]<br><br>A shortage of LV recently existed in the United States. No specific data are available to guide management under these circumstances, and all proposed strategies are empiric. The panel recommends several possible options to help alleviate the problems associated with this shortage. One is the use of levoleucovorin, which is commonly used in Europe. A dose of 200 mg/m2 of leucovorin is equivalent to 400 mg/m2 of standard LV. Another option is for practices or institutions to use lower doses of LV for all doses in all patients, because the panel feels that lower doses are likely to be as efficacious as higher doses, based on several studies. Finally, if none of the above options is available, treatment without LV would be reasonable. For patients who tolerate this without grade II or higher toxicity, a modest increase in 5-FU dose (in the range |

| | |
|---|---|
| | of 10%) may be considered.[3] |

## Measure Importance

| | |
|---|---|
| **Relationship to desired outcome** | The measure focuses on the receipt of adjuvant chemotherapy among adult patients with Stage III colon cancer. The receipt of adjuvant chemotherapy in Stage III colon cancer patients following primary surgical treatment is associated with a significant survival benefit. |

## Measure Designation

| | |
|---|---|
| **Measure purpose** | Accountability<br>Quality Improvement |
| **Type of measure** | Process |
| **Level of Measurement** | Clinician: Individual<br>Clinician: Group/Practice<br>Clinician: Team |
| **Care setting** | Ambulatory Care: Clinician Office/Clinic |
| **Data source** | Electronic health record<br>Registry<br>Administrative Claims |

**Oncology Measure #4-#5 have been removed from this document**

## Oncology

**Measure #4:** Plan for chemotherapy documented
This measure has been removed from this document as it is maintained by the American Society of Clinical Oncology (ASCO).

**Measure #5:** Treatment summary documented and communicated – Medical oncology
This measure has been removed from this document as it is maintained by the ASCO.

## Measures transitioned to the American Society of Clinical Oncology (ASCO)

Measures #4 and #5 in the oncology measure set have been transitioned to ASCO. All measure inquiries may be sent to quality@asco.org.

**Oncology Measure #6-#7 have been removed from this document**

## Oncology

**Measure #6:** Treatment summary communication – Radiation oncology
This measure has been removed from this document as it is maintained by the American Society for Radiation Oncology (ASTRO).

**Measure #7:** Radiation dose limits to normal tissues
This measure has been removed from this document as it is maintained by ASTRO.

## Measures transitioned to the American Society of Clinical Oncology (ASTRO)

These two oncology measures have been transitioned to ASTRO. Information regarding ASTRO performance measures can be found here: https://www.astro.org/Practice-Management/PQRS/Index.aspx

**Measure #8: Medical and Radiation – Pain Intensity Quantified**

## Measure Description

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

## Measure Components

| | |
|---|---|
| **Numerator Statement** | Patient visits in which pain intensity is quantified |
| **Denominator Statement** | All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy |
| **Denominator Exclusions** | None |
| **Denominator Exceptions** | None |
| **Supporting Guidelines** | This algorithm begins with the premise that all patients with cancer should be screened for pain during the initial evaluation, follow-up intervals, and whenever new therapy is initiated. If pain is present on a screening evaluation, the pain intensity must be quantified by the patient (whenever possible). Since pain is inherently subjective, patients' self-reporting of pain is the current standard of care for assessment.[4]<br><br>Intensity of pain should be quantified using a numerical rating scale (ie, 0-10), visual analog scale, categorical scale, or pictorial scale (eg, The Faces Pain Rating Scale). Although pain is commonly assessed using numerical or categorical ratings, some patients may experience difficulty with these scales. The Faces Pain Rating Scale may be successful with patients who have difficulty with other scales, for example, children, the elderly, and patients with language or cultural differences or other communication barriers. [4]<br><br>All patients should be routinely screened for pain, and when it is present, pain intensity should be recorded in highly visible ways that facilitate regular review by health care providers. A standard for pain assessment and documentation should be established in each setting to ensure that pain is recognized, documented, and treated promptly.[5] |

## Measure Importance

| | |
|---|---|
| **Relationship to desired outcome** | Initial and ongoing pain assessments, the focus of the measure, are essential to ensure proper pain management among patients with cancer. "Failure to adequately assess pain frequently leads to poor control."[4] "Unrelieved pain denies [patients] comfort and greatly affects their activities, motivation, interactions with family and friends, and overall quality of life."[4] |

## Measure Designation

| | |
|---|---|
| **Measure purpose** | Accountability<br>Quality Improvement |
| **Type of measure** | Process |
| **Level of Measurement** | Clinician: Individual<br>Clinician: Group/Practice<br>Clinician: Team |
| **Care setting** | Ambulatory Care: Clinician Office/Clinic |
| **Data source** | Electronic health record<br>Registry<br>Administrative Claims |

**Oncology Measure #9-#10 have been removed from this document**

## Oncology

**Measure #9:** Plan of care for pain – Medical oncology and radiation oncology
This measure has been removed from this document as it is maintained by the American Society of Clinical Oncology (ASCO).

**Measure #10:** Pathology report
This measure has been removed from this document as it is maintained by ASCO.

## Measures transitioned to the American Society of Clinical Oncology (ASCO)

Measures #9 and #10 in the oncology measure set have been transitioned to ASCO. All measure inquiries may be sent to quality@asco.org.

## Evidence Classification/Rating Schemes

National Comprehensive Cancer Network Categories of Evidence and Consensus:
Panel members identify the level of evidence supporting each recommendation. These categories are:

- Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- Category 2B: Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.
- Category 3: Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

The body of evidence in the American Pain Society (APS) guideline has not been graded. However, the APS indicates that recommendations result from literature reviews, expert experience, and consensus.

## References


[1] Burstein HJ, Prestrud AA, Seidenfeld J, Anderson H, Buchholz TA, Davidson NE, et al. American Society of Clinical Oncology Clinical Practice Guideline: Update on Adjuvant Endocrine Therapy for Women With Hormone Receptor-Positive Breast Cancer. J Clin Oncol: JCO. 2009;26:3756.
[2] National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines on Oncology (NCCN® Guidelines) Breast Cancer. National Comprehensive Cancer Network. 2014; 1. Available: http://www.nccn.org/professionals/physician_gls/f_guidelines.asp#site
[3] National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology (NCCN® Guidelines) Colon Cancer. National Comprehensive Cancer Network. 2015; 3. Available: http://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
[4] National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology: Adult Cancer Pain. Version 2, 2014. Available at: http://www.nccn.org.
[5] Gordon DB; Dahl JL, Miaskowski C, et al. American Pain Society Recommendations for Improving the Quality of Acute and Cancer Pain Management: American Pain Society Quality of Care Task Force. Arch Intern Med. 2005;165:1574-1580.

**American Medical Association (AMA)-convened**
**Physician Consortium for Performance Improvement® (PCPI®)**
**American Society for Therapeutic Radiology and Oncology (ASTRO)/**
**American Society of Clinical Oncology (ASCO)**

# APPENDIX

## Oncology Performance Measurement Specifications

**Coding Reviewed and Updated: September, 2015**

Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®). These Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, 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 the AMA, (on behalf of the PCPI). Neither the AMA, PCPI nor its members shall be responsible for any use of the Measures.

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

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. Use of CPT coding beyond fair use requires a license from the AMA.

## Measure #2: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

### A. Specifications for Administrative Data Sources

| | |
|---|---|
| **Denominator (Eligible Population)** | All female patients aged 18 years and older with a diagnosis of breast cancer with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer<br><br>**Denominator Criteria:**<br>AGE: >=18 years<br>Gender: Female<br>**AND**<br>Diagnosis for breast cancer (ICD-9-CM) [reportable through 9/30/2015]: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9<br>Diagnosis for breast cancer (ICD-10-CM) [reportable beginning 10/1/2015]: C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919<br>**AND**<br>CPT® Encounter Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215<br>**AND**<br>CPT II 3374F: AJCC Breast Cancer Stage I: TIC (tumor size > 1 cm to 2 cm), documented<br>**OR**<br>CPT II 3376F: AJCC Breast Cancer Stage II, documented<br>**OR**<br>CPT II 3378F: AJCC Breast Cancer Stage III, documented<br>**AND**<br>CPT II 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer |
| **Denominator Exclusions** | None |
| **Numerator** | Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period<br><br>**Definition:**<br>Prescribed - May include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list.<br><br>**Report CPT Category II code:**<br>4179F: Tamoxifen or aromatase inhibitor (AI) prescribed |
| **Denominator** | Documentation of medical reason(s) for not prescribing tamoxifen or aromatase |

| | |
|---|---|
| **Exceptions** | inhibitor (eg, patient's disease has progressed to metastatic, patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, other medical reason)<br>**Append modifier to CPT Category II code:** 4179F-1P<br><br>Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons)<br>**Append modifier to CPT Category II code:** 4179F-2P<br><br>Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons)<br>**Append modifier to CPT Category II code:** 4179F-3P |

**B. Specifications for Electronic Clinical Data Sources**

As of the date of the posting of this document, this measure is currently in use in CMS' EHR Incentive Program (Meaningful Use). The specifications are updated on a regular basis and published on the CMS website. To download the electronic specifications for this measure, visit CMS' eCQM Library and view the most recent publishing:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Additional resources for eCQM implementation can also be found at the eCQI Resource Center webpage: https://ecqi.healthit.gov/

Accompanying value sets are available in the Value Set Authority Center (VSAC) found at the following webpage: https://vsac.nlm.nih.gov/

**Measure #3: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients**

**A. Specifications for Administrative Data Sources**

| | |
|---|---|
| **Denominator (Eligible Population)** | All patients aged 18 through 80 years with AJCC Stage III colon cancer<br><br>AGE: >= 18 years and < 80 years<br>**AND**<br>Diagnosis for colon cancer (ICD-9-CM) [reportable through 9/30/2015]: 153.0, 153.1, 153.2, 153.3, 153.4, 153.6, 153.7, 153.8, 153.9<br>Diagnosis for colon cancer (ICD-10-CM) [reportable beginning 10/1/2015]: C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9<br>**AND**<br>CPT II 3388F: AJCC Colon Cancer, Stage III documented<br>**AND**<br>CPT® Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 |
| **Denominator Exclusions** | None |
| **Numerator** | Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period<br><br>**Definitions:**<br>Adjuvant Chemotherapy - According to current NCCN guidelines, the following therapies are recommended: 5-FU/LV/oxaliplatin (FOLFOX) or capecitabine/oxaliplatin (CapeOx) (both category 1 and preferred); bolus 5-FU/LV/oxaliplatin (FLOX) (category 1); or single-agent capecitabine or 5-FU/LV in patients felt to be inappropriate for oxaliplatin therapy (NCCN). Due to the leucovorin shortage in the United States, levo-leucovorin used in its place may also satisfy the measure.<br><br>Prescribed - May include 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.<br><br>**Report Quality-Data code:**<br>G8927: Adjuvant chemotherapy referred, prescribed, or previously received for Stage III, colon cancer |
| **Denominator Exceptions** | Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons)<br><br>Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal, other patient reasons)<br><br>Documentation of system reason(s) for not referring for or prescribing adjuvant |

| | |
|---|---|
| | chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)<br><br>**Report Quality-Data code:**<br>G8928: Adjuvant chemotherapy not prescribed or previously received, for documented reasons (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons, patient refusal, other patient reasons, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons) |

**B. Specifications for Electronic Clinical Data Sources**

As of the date of the posting of this document, this measure is currently in use in CMS' EHR Incentive Program (Meaningful Use). The specifications are updated on a regular basis and published on the CMS website. To download the electronic specifications for this measure, visit CMS' eCQM Library and view the most recent publishing:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
Additional resources for eCQM implementation can also be found at the eCQI Resource Center webpage: https://ecqi.healthit.gov/

Accompanying value sets are available in the Value Set Authority Center (VSAC) found at the following webpage: https://vsac.nlm.nih.gov/

**Measure #8: Oncology: Medical and Radiation - Pain Intensity Quantified**

**A. Specifications for Administrative Data Sources**

| | |
|---|---|
| **Denominator (Eligible Population)** | All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy<br><br>Diagnosis for cancer (ICD-9-CM) [reportable through 9/30/2015]: 140.0, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141.0, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142.0, 142.1, 142.2, 142.8, 142.9, 143.0, 143.1, 143.8, 143.9, 144.0, 144.1, 144.8, 144.9, 145.0, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146.0, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147.0, 147.1, 147.2, 147.3, 147.8, 147.9, 148.0, 148.1, 148.2, 148.3, 148.8, 148.9, 149.0, 149.1, 149.8, 149.9, 150.0, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151.0, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8, 155.0, 155.1, 155.2, 156.0, 156.1, 156.2, 156.8, 156.9, 157.0, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158.0, 158.8, 158.9, 159.0, 159.1, 159.8, 159.9, 160.0, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 162.0, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163.0, 163.1, 163.8, 163.9, 164.0, 164.1, 164.2, 164.3, 164.8, 164.9, 165.0, 165.8, 165.9, 170.0, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171.0, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 173.00, 173.01, 173.02, 173.09, 173.10, 173.11, 173.12, 173.19, 173.20, 173.21, 173.22, 173.29, 173.30, 173.31, 173.32, 173.39, 173.40, 173.41, 173.42, 173.49, 173.50, 173.51, 173.52, 173.59, 173.60, 173.61, 173.62, 173.69, 173.70, 173.71, 173.72, 173.79, 173.80, 173.81, 173.82, 173.89, 173.90, 173.91, 173.92, 173.99, 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175.0, 175.9, 176.0, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9, 179, 180.0, 180.1, 180.8, 180.9, 181, 182.0, 182.1, 182.8, 183.0, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184.0, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186.0, 186.9, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188.0, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189.0, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9, 190.0, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192.0, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194.0, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195.0, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196.0, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 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, 199.0, 199.1, 199.2, 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48; 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.10, 201.11, 201.12, 201.13, |

| | |
|---|---|
| | 201.14, 201.15, 201.16, 201.17, 201.18, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.30, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.50, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.60, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203.00, 203.01, 203.02, 203.10, 203.11, 203.12, 203.80, 203.81, 203.82, 204.00, 204.01, 204.02, 204.10, 204.11, 204.12, 204.20, 204.21, 204.22, 204.80, 204.81, 204.82, 204.90, 204.91, 204.92, 205.00, 205.01, 205.02, 205.10, 205.11, 205.12, 205.20, 205.21, 205.22, 205.30, 205.31, 205.32, 205.80, 205.81, 205.82, 205.90, 205.91, 205.92, 206.00, 206.01, 206.02, 206.10, 206.11, 206.12, 206.20, 206.21, 206.22, 206.80, 206.81, 206.82, 206.90, 206.91, 206.92, 207.00, 207.01, 207.02, 207.10, 207.11, 207.12, 207.20, 207.21, 207.22, 207.80, 207.81, 207.82, 208.00, 208.01, 208.02, 208.10, 208.11, 208.12, 208.20, 208.21, 208.22, 208.80, 208.81, 208.82, 208.90, 208.91, 208.92, 209.00, 209.01, 209.02, 209.03, 209.10, 209.11, 209.12, 209.13, 209.14, 209.15, 209.16, 209.17, 209.20, 209.21, 209.22, 209.23, 209.24, 209.25, 209.26, 209.27, 209.29, 209.30, 209.31, 209.32, 209.33, 209.34, 209.35, 209.36, 209.70, 209.71, 209.72, 209.73, 209.74, 209.75, 209.79, 235.0, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236.0, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.90, 236.91, 236.99, 237.0, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.70, 237.71, 237.72, 237.73, 237.79, 237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.77, 238.79, 238.8, 238.9, 239.0, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.81, 239.89, 239.9<br><br>Diagnosis for cancer (ICD-10-CM) [reportable beginning 10/1/2015]: C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, 39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, |

| | |
|---|---|
| | C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.11, C43.12, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C4A.0, C4A.10, C4A.11, C4A.12, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.0, C51.1, C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C60.0, C60.1, C60.2, C60.8, C60.9, C61, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63.8, C63.9, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0, C68.1, C68.8, C68.9, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.50, C69.51, C69.52, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82, C69.90, C69.91, C69.92, C70.0, C70.1, C70.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C73, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C75.0, C75.1, C75.2, C75.3, C75.4, C75.5, C75.8, C75.9, C76.0, C76.1, C76.2, C76.3, C76.40, C76.41, C76.42, C76.50, C76.51, C76.52, C76.8, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.1, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C80.0, C80.1, C80.2, C81.00, C81.01, C81.02, |

| | |
|---|---|
| | C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, C88.8, C88.9, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.40, C94.41, C94.42, C94.6, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.2, C96.4, C96.5, C96.6, C96.9, C96.A, C96.Z, D37.01, D37.02, D37.030, D37.031, D37.032, D37.039, D37.04, D37.05, D37.09, D37.1, D37.2, D37.3, D37.4, D37.5, D37.6, D37.8, D37.9, D38.0, D38.1, D38.2, D38.3, D38.4, D38.5, D38.6, D39.0, D39.10, D39.11, D39.12, D39.2, D39.8, D39.9, D40.0, D40.10, D40.11, D40.12, |

| | |
|---|---|
| | D40.8, D40.9, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D41.3, D41.4, D41.8, D41.9, D42.0, D42.1, D42.9, D43.0, D43.1, D43.2, D43.3, D43.4, D43.8, D43.9, D44.0, D44.10, D44.11, D44.12, D44.2, D44.3, D44.4, D44.5, D44.6, D44.7, D44.9, D45, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.0, D47.1, D47.2, D47.3, D47.4, D47.9, D47.Z1, D47.Z9, D48.0, D48.1, D48.2, D48.3, D48.4, D48.5, D48.60, D48.61, D48.62, D48.7, D48.9, D49.0, D49.1, D49.2, D49.3, D49.4, D49.5, D49.6, D49.7, D49.81, D49.89, D49.9, Q85.00, Q85.01, Q85.02, Q85.03, Q85.09<br>**AND Either Option 1 or 2**<br>**Option 1: Chemotherapy**<br>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215<br>AND<br>CPT Procedure Codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96450, 96521, 96522, 96523, 96542, 96549 (chemotherapy administration)<br>OR<br>**Option 2: Radiation therapy**<br>CPT Codes for radiation treatment weekly management: 77427, 77431, 77432, 77435, 77470 |
| **Denominator Exclusions** | None |
| **Numerator** | Patient visits in which pain intensity is quantified<br><br>**Definition:**<br>Pain intensity should be quantified using a standard instrument, such as a 0-10 numeric rating scale, visual analog scale, a categorical scale, or the pictorial scale.<br><br>**Report CPT Category II code:**<br>1125F: Pain severity quantified; pain present<br>**OR**<br>1126F: Pain severity quantified; no pain present |
| **Denominator Exceptions** | None |

**B. Specifications for Electronic Clinical Data Sources**

As of the date of the posting of this document, this measure is currently in use in CMS' EHR Incentive Program (Meaningful Use). The specifications are updated on a regular basis and published on the CMS website. To download the electronic specifications for this measure, visit CMS' eCQM Library and view the most recent publishing:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
Additional resources for eCQM implementation can also be found at the eCQI Resource Center webpage: https://ecqi.healthit.gov/

Accompanying value sets are available in the Value Set Authority Center (VSAC) found at the following webpage: https://vsac.nlm.nih.gov/