

Baseline Cytogenetic Testing Performed on Bone Marrow

*This measure is to be reported for all patients aged 18 years and older with MDS or acute leukemia — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow

What will you need to report for each patient with MDS or acute leukemia for this measure?

If you select this measure for reporting, you will report:

- Whether or not you performed a baseline cytogenetic test¹ on bone marrow (regardless of when the baseline testing was performed)

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to perform a baseline cytogenetic test on bone marrow, due to:

- Medical reasons (eg, no liquid bone marrow or fibrotic marrow) OR
- Patient reasons (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above) OR
- System reasons (eg, patient previously treated by another physician at the time cytogenetic testing performed)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Baseline cytogenetic testing refers to testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis

Myelodysplastic Syndrome (MDS) and Acute Leukemias

Baseline Cytogenetic Testing Performed on Bone Marrow

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Baseline Cytogenetic Testing¹ on Bone Marrow	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3155F
Not performed for one of the following reasons:			
• Medical (eg, no liquid bone marrow or fibrotic marrow)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-1P
• Patient (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-2P
• System (eg, patient previously treated by another physician at the time of cytogenetic testing performed)	<input type="checkbox"/>	<input type="checkbox"/>	3155F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3155F-8P (Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified.)

¹Baseline cytogenetic testing refers to testing that is performed at time of diagnosis or prior to initiating treatment (transfusion, growth factors, or antineoplastic therapy) for that diagnosis

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Coding Specifications

Codes required to document patient has MDS or acute leukemia and a visit occurred:

An ICD-9 diagnosis code for MDS or acute leukemia and a CPT E/M service code are required to identify patients to be included in this measure.

MDS and acute leukemia ICD-9 diagnosis codes

- 204.00, 205.00, 206.00, 207.00, 207.20, 208.00 (leukemia),
- 238.72, 238.73, 238.74, 238.75 (myelodysplastic syndrome)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3155F:** Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment
- **CPT II 3155F-1P:** Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, no liquid bone marrow or fibrotic marrow)
- **CPT II 3155F-2P:** Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, at time of diagnosis receiving palliative care or not receiving treatment as defined above)
- **CPT II 3155F-3P:** Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (eg, patient previously treated by another physician at the time cytogenetic testing performed)
- **CPT II 3155F-8P:** Cytogenetic testing not performed on bone marrow at time of diagnosis or prior to initiating treatment, reason not otherwise specified

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