

Treatment with Bisphosphonates

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

Measure description

Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within 12 months

What will you need to report for each patient with multiple myeloma for this measure?

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

- Whether or not you prescribed or the patient received intravenous bisphosphonate therapy¹

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

There may be times when it is not appropriate to prescribe intravenous bisphosphonate therapy, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

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).

¹For the purpose of this measure bisphosphonate therapy includes the following medications: pamidronate and zoledronate.

Multiple Myeloma

Treatment with Bisphosphonates

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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 multiple myeloma.	<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?			
Intravenous Bisphosphonate Therapy¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed or received ²	<input type="checkbox"/>	<input type="checkbox"/>	4100F
Not prescribed or received for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4100F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4100F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4100F-8P (Bisphosphonate therapy, intravenous, not ordered or received, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has multiple myeloma and a visit occurred:

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

Multiple myeloma ICD-9 diagnosis code

- 203.00 (multiple myeloma)

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 4100F:** Bisphosphonate therapy, intravenous, ordered or received
- **CPT II 4100F-1P:** Documentation of medical reason(s) for not prescribing bisphosphonates
- **CPT II 4100F-2P:** Documentation of patient reason(s) for not prescribing bisphosphonates
- **CPT II 4100F-8P:** Bisphosphonate therapy, intravenous, not ordered or received, reason not otherwise specified

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