

### Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer

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

#### Measure description

Percentage of Stage IC-III, estrogen receptor (ER) or progesterone receptor (PR) positive, female breast cancer patients aged 18 years and older who are receiving tamoxifen or aromatase inhibitor (AI) at the time of the visit

#### What will you need to report for each female patient with breast cancer for this measure?

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

- Whether or not you prescribed or documented that the patient is receiving tamoxifen or aromatase inhibitor, for patients with ER or PR positive, Stage IC-III breast cancer<sup>1</sup>

#### 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 or document that the patient is receiving tamoxifen or aromatase inhibitor, due to:

- Documented reasons (eg, breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy)

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

<sup>1</sup>The reporting clinician is not required to have written the initial prescription.

**Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer**

**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**

<b>Step 1 Is patient eligible for this measure?</b>			
	Yes	No	<b>Code Required on Claim Form</b>
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to gender on claim form.
Patient has a diagnosis of breast cancer.	<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 <b>No</b> is checked for any of the above, STOP. Do not report a G-code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
	Yes	No	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
<b>Tamoxifen or Aromatase Inhibitor Therapy</b>			
Prescribed or received (for patients with estrogen receptor [ER] or progesterone [PR] positive, Stage IC-III breast cancer) <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	G8381
Not prescribed or received for the following reason: • Documented reasons (eg, clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy)	<input type="checkbox"/>	<input type="checkbox"/>	G8376
Document reason here and in medical chart.  _____			If <b>No</b> is checked for <b>all</b> of the above, report G8380 (For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor.)

<sup>1</sup>The reporting clinician is not required to have written the initial prescription.

## Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer

### Coding Specifications

Codes required to document patient has breast cancer and a visit occurred:

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

#### Breast cancer ICD-9 diagnosis codes

- 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (malignant neoplasm of female breast)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),
- 99218, 99219, 99220 (initial observation care),
- 99221, 99222, 99223 (initial inpatient),
- 99231, 99232, 99233 (subsequent hospital care),
- 99234, 99235, 99236 (observation or inpatient care services),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99251, 99252, 99253, 99254, 99255 (inpatient consult)

Quality codes to be reported (one of the following for every eligible patient):

#### G Code descriptors

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

- **G8381:** For patients with ER or PR positive, Stage IC-III breast cancer, clinician documented or prescribed that the patient is receiving tamoxifen or aromatase inhibitor
- **G8376:** Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure
- **G8380:** For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor

Adapted from ASCO/NCCN Quality Measures.

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