

# Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

*This measure is to be reported for all female patients aged 18–70 years with invasive breast cancer at the time of the initial office visit — a minimum of **once** per reporting period.*

### Measure description

Percentage of invasive female breast cancer patients aged 18–70 years old who have undergone breast conserving surgery and who have received recommendation for radiation therapy within 12 months of the first office visit

### What will you need to report for each female patient aged 18–70 years with invasive breast cancer for this measure?

If you select this measure for reporting, you will report<sup>1</sup>:

- Whether or not radiation therapy<sup>2</sup> is recommended within 12 months of first office visit

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

There may be times when it is not appropriate that radiation therapy is recommended within 12 months of first office visit, due to:

- Documented reasons (eg, patient was not an eligible candidate for radiation 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 numerator code should be reported at the time of radiation therapy services.

<sup>2</sup>Radiation therapy may include external beam radiation or brachytherapy.

## Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ /	<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>																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Patient is aged 18–70 years.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient is female.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient has a diagnosis of invasive breast cancer.<sup>1</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>There is a CPT E/M Service Code for this visit.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Patient is aged 18–70 years.	<input type="checkbox"/>	<input type="checkbox"/>	Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has a diagnosis of invasive breast cancer. <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Code Required on Claim Form</b></p> <p>Verify date of birth on claim form.</p> <p>Refer to gender on claim form.</p> <p>Refer to coding specifications document for list of applicable codes.</p>
	Yes	No														
Patient is aged 18–70 years.	<input type="checkbox"/>	<input type="checkbox"/>														
Patient is female.	<input type="checkbox"/>	<input type="checkbox"/>														
Patient has a diagnosis of invasive breast cancer. <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>														
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>														
<p>If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.</p>																
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td><b>Radiation Therapy<sup>2</sup></b></td> <td></td> <td></td> </tr> <tr> <td>Recommended</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Not recommended for the following reason:</td> <td></td> <td></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Documented reasons (eg, clinician documentation that patient was not an eligible candidate for radiation therapy)</li> </ul> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	<b>Radiation Therapy<sup>2</sup></b>			Recommended	<input type="checkbox"/>	<input type="checkbox"/>	Not recommended for the following reason:			<ul style="list-style-type: none"> <li>Documented reasons (eg, clinician documentation that patient was not an eligible candidate for radiation therapy)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b></p> <p>G8379</p> <p>G8378</p>
	Yes	No														
<b>Radiation Therapy<sup>2</sup></b>																
Recommended	<input type="checkbox"/>	<input type="checkbox"/>														
Not recommended for the following reason:																
<ul style="list-style-type: none"> <li>Documented reasons (eg, clinician documentation that patient was not an eligible candidate for radiation therapy)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>														
<p>Document reason here and in medical chart.</p> <p>_____</p> <p>_____</p>		<p>If <b>No</b> is checked for <b>all</b> of the above, report G8383 (No documentation or radiation therapy recommended within 12 months of first office visit.)</p>														

<sup>1</sup>At the time of the initial visit.

<sup>2</sup>The numerator code should be reported at the time of radiation therapy services. Radiation therapy may include external beam radiation or brachytherapy.

# Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

### 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 (female breast cancer)

AND

#### CPT E/M service codes

- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

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

#### G-Code descriptors

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

- **G8379:** Documentation of radiation therapy recommended within 12 months of first office visit
- **G8378:** Clinician documentation that patient was not an eligible candidate for radiation therapy measure
- **G8383:** No documentation of radiation therapy recommended within 12 months of first office visit

Adapted from the ASCO/NCCN Quality 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.

All liability is disclaimed for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2006 American Medical Association.

PQRI 2007 Measure 74, Effective Date 07/01/2007  
CPT® copyright 2006 American Medical Association