### Measure #101: Appropriate Initial Evaluation of Patients with Prostate Cancer

### **DESCRIPTION:**

Percentage of patients, regardless of age, with prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy with documented evaluation of prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score prior to initiation of treatment

## **INSTRUCTIONS:**

This measure is to be reported a minimum of once per reporting period for patients with prostate cancer seen during the reporting period. It is anticipated that clinicians who perform interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy will submit this measure.

## This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes and CPT procedure codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate ICD-9 diagnosis codes, CPT procedure codes, and the appropriate CPT Category II code <u>**OR**</u> the CPT Category II code <u>**with**</u> the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

## NUMERATOR:

Patients with documented evaluation of prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score prior to initiation of treatment

## Numerator Coding:

# Prostate-specific Antigen (PSA), Primary Tumor (T) Stage, and Gleason Score Documented

**CPT II 3268F:** Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score documented prior to initiation of treatment

OR

## Prostate-specific Antigen (PSA), Primary Tumor (T) Stage, and Gleason Score <u>not</u> Documented for Medical Reasons

Append a modifier (1P) to CPT Category II code **3268F** to report documented circumstances that appropriately exclude patients from the denominator.

 1P: Documentation of medical reason(s) for not documenting prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score prior to initiation of treatment

OR

Prostate-specific Antigen (PSA), Primary Tumor (T) Stage, and Gleason Score <u>not</u> Documented, Reason not Specified

Append a reporting modifier (8P) to CPT Category II code 3268F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

• 8P: Prostate-specific antigen (PSA), AND primary tumor (T) stage, AND Gleason score <u>not</u> documented prior to initiation of treatment, reason not otherwise specified

### **DENOMINATOR:**

All patients, regardless of age, with prostate cancer receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

### Denominator Coding:

An ICD-9 diagnosis code for prostate cancer and a CPT procedure code for patients receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy are required to identify patients for denominator inclusion.

ICD-9 diagnosis code: 185

<u>and</u>

**CPT E/M procedure codes:** 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77411, 77412, 77413, 77414, 77416, 77418, 77427, 77776, 77777, 77778, 77784

#### RATIONALE:

The initial assessment of all prostate cancer patients should include the three evaluations required in this measure.

### **CLINICAL RECOMMENDATION STATEMENTS:**

Tumor characteristics, including PSA level and changes such as velocity and doubling time, Gleason score, and tumor stage, are predictive of cancer outcomes. Using PSA, Gleason score, and tumor stage, risk strata have been defined that are significantly associated with PSA recurrence and cancer specific mortality. (AUA)

The combination of Gleason score, PSA level, and stage can effectively stratify patients into categories associated with different probabilities of achieving a cure. In addition to considering the probability of cure, the choice of initial treatment is highly influenced by estimated life expectancy, comorbidities, potential therapy side effects, and patient preference. (NCCN) (Category 2A)