

▲Measure #102: Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

INSTRUCTIONS:

This measure is to be reported each time a patient with prostate cancer receives interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy procedure during the reporting period. It is anticipated that clinicians who perform the listed procedures as specified in the denominator coding 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(s) OR the CPT Category II code(s) with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 3P- system reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who did *not* have a bone scan performed at any time since diagnosis of prostate cancer

Definitions:

Risk strata definitions:

- Low Risk: PSA \leq 10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a²
- Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk²
- High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater; and not qualifying for very high risk²

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.

Numerator Coding:

Bone Scan not Performed

(Two CPT II codes [3270F & 3271F] are required on the claim form to submit this category)

CPT II 3270F: Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

OR

Bone Scan Performed for Medical or System Reasons

(Two CPT II codes [3269F-xP & 3271F] are required on the claim form to submit this category)

Append a modifier (1P or 3P) to CPT Category II code 3269F to report documented circumstances that appropriately exclude patients from the denominator.

- 3269F *with* 1P: Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)
- 3269F *with* 3P: Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than reporting physician)

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

OR

If patient is not eligible for this measure because the risk of recurrence is intermediate, high or not determined, report:

(One CPT II code [32xxF] is required on the claim form to submit this category)

Intermediate Risk of Recurrence

CPT II 3272F: Intermediate risk of recurrence, prostate cancer

OR

High Risk of Recurrence

CPT II 3273F: High risk of recurrence, prostate cancer

OR

Risk of Recurrence not Determined

CPT II 3274F: Prostate cancer risk of recurrence not determined or neither low, intermediate nor high

OR

Bone Scan Performed

(Two CPT II codes [3269F & 3271F] are required on the claim form to submit this category)

CPT II 3269F: Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer

AND

CPT II 3271F: Low risk of recurrence, prostate cancer

DENOMINATOR:

All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence 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

AND

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

RATIONALE:

A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence. This measure is written as a negative measure so that the performance goal is 100%, consistent with the other measures for this condition.

CLINICAL RECOMMENDATION STATEMENTS:

Routine use of a bone scan is not required for staging asymptomatic men with clinically localized prostate cancer when their PSA is equal to or less than 20.0 ng/mL. (AUA)

Patients with a life expectancy > 5 years or symptomatic:

- A bone scan is appropriate for T1 to T2 disease in the presence of a PSA greater than 20 ng/mL, Gleason score of 8 or higher, clinical stage of T3 to T4, or symptomatic disease.
- Patients at higher risk of metastatic disease may undergo pelvic computed tomography (CT) or magnetic resonance imaging (MRI) scanning with possible fine-needle aspiration of enlarged lymph nodes or staging lymph node dissection. Nomograms or risk tables may be used to identify patients with a higher likelihood of having metastatic disease. If the nomogram indicates a probability of lymph node involvement greater than 20% or if the patient is stage T3 or T4, this is recommended as a threshold for doing a staging CT scan or MRI evaluation.

For all other patients, no additional imaging is required for staging. (NCCN) (Category 2A)