

**▲Measure #103: Review of Treatment Options in Patients with Clinically Localized Prostate Cancer**

**DESCRIPTION:**

Percentage of patients, regardless of age, with clinically localized prostate cancer AND receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who received counseling prior to initiation of treatment on, at a minimum, the following treatment options for clinically localized disease: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy

**INSTRUCTIONS:**

This measure is to be reported a minimum of once per reporting period for patients with prostate cancer receiving 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 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 **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

**NUMERATOR:**

Patients who received counseling on, at a minimum, the following treatment options for clinically localized disease prior to initiation of treatment: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy

**Numerator Coding:**

**Counseling on Treatment Options for Clinically Localized Prostate Cancer Provided**  
**CPT II 4163F:** Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, provided prior to initiation of treatment

OR

**Counseling on Treatment Options for Clinically Localized Prostate Cancer not Provided for Medical Reasons**

Append a modifier (1P) to CPT Category II code 4163F to report documented circumstances that appropriately exclude patients from the denominator.

- 1P: Documentation of medical reason(s) for not counseling patient at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, (ie, salvage therapy)

OR

**Counseling on Treatment Options for Clinically Localized Prostate Cancer not Provided, Reason not Specified**

Append a reporting modifier (8P) to CPT Category II code 4163F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 8P: Patient was not provided counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, reason not otherwise specified

**DENOMINATOR:**

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

**Denominator Coding:**

An ICD-9 diagnosis code for clinically localized prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites) 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

**WITHOUT**

ICD-9 diagnosis codes: 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.81, 198.82, 198.89

**AND**

CPT procedure codes: 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77261, 77262, 77263

**RATIONALE:**

To enable each prostate cancer patient with clinically localized disease to make an informed choice among treatment options, he should receive counseling on at least the four interventions listed in this measure. Additional treatment options may be offered, but fewer data are available to support their effectiveness.

**CLINICAL RECOMMENDATION STATEMENTS:**

A patient with clinically localized prostate cancer should be informed about the commonly accepted initial interventions including, at a minimum, active surveillance, radiotherapy (external beam and interstitial), and radical prostatectomy. A discussion of the estimates for benefits and harms of each intervention should be offered to the patient. (AUA) (Standard)