

Measure #68: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all MDS patients seen during the reporting period, regardless of when the documentation of iron stores occurs. It is anticipated that clinicians who provide services for patients with the diagnosis of myelodysplastic syndromes will submit this measure.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) 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 listed ICD-9 diagnosis codes, CPT E/M service 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: 3P- system reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients with documentation of iron stores prior to initiating erythropoietin therapy

Definitions:

- Documentation of iron stores includes either: bone marrow examination including iron stain OR serum iron measurement by ferritin or serum iron and TIBC
- For the purpose of this measure, erythropoietin therapy includes the following medications: epoetin and darbepoetin

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:

Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy Performed
(Two CPT II codes [3160F & 4090F] are required on the claim form to submit this category)

CPT II 3160F: Documentation of iron stores prior to initiating erythropoietin therapy

AND

CPT II 4090F: Patient receiving erythropoietin therapy

OR

Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy not Performed for System Reasons

(Two CPT II codes [3160F-3P & 4090F] are required on the claim form to submit this category)

Append a modifier (**3P**) to CPT Category II code **3160F** to report documented circumstances that appropriately exclude patients from the denominator.

- **3160F with 3P**: Documentation of system reason(s) for not documenting iron stores prior to initiating erythropoietin therapy

AND

CPT II 4090F: Patient receiving erythropoietin therapy

OR

If patient is not eligible for this measure because patient is not receiving erythropoietin therapy, report:

(One CPT II code [4095F] is required on the claim form to submit this category)

CPT II 4095F: Patient not receiving erythropoietin therapy

OR

Documentation of Iron Stores Prior to Initiating Erythropoietin Therapy not Performed, Reason not Specified

(Two CPT II codes [3160F-8P & 4090F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **3160F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **3160F with 8P**: Iron stores prior to initiating erythropoietin therapy not documented, reason not otherwise specified

AND

CPT II 4090F: Patient receiving erythropoietin therapy

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy

Denominator Coding:

An ICD-9 diagnosis code for Myelodysplastic Syndrome (MDS) and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 238.72, 238.73, 238.74, 238.75

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

To be effective erythropoietin requires that adequate iron stores be present due to iron's importance in red-blood-cell synthesis. Iron deficiency presents a major limitation to the efficacy of erythropoietin therapy.

CLINICAL RECOMMENDATION STATEMENTS:

Anemia related to MDS generally presents as a hypoproliferative macrocytic anemia, often associated with suboptimal elevation of serum Epo levels. Iron repletion needs to be verified before instituting Epo therapy (Category 2A Recommendation). (NCCN)