♣Measure #69: Multiple Myeloma: Treatment with Bisphosphonates

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. It is anticipated that clinicians who provide services for the patients with the diagnosis of multiple myeloma, not in remission, 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 OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reasons not otherwise specified.

NUMERATOR:
Patients who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period

Definition: For the purpose of this measure bisphosphonate therapy includes the following medications: pamidronate and zoledronate

Numerator Coding:
Intravenous Bisphosphonate Therapy Prescribed or Received
CPT II 4100F: Bisphosphonate therapy, intravenous, ordered or received

OR

Intravenous Bisphosphonate Therapy not Prescribed or Received for Medical or Patient Reasons
Append a modifier (1P or 2P) to CPT Category II code 4100F to report documented circumstances that appropriately exclude patients from the denominator.

- 1P: Documentation of medical reason(s) for not prescribing bisphosphonates
- 2P: Documentation of patient reason(s) for not prescribing bisphosphonates

OR

Intravenous Bisphosphonate Therapy not Prescribed, Reason not Specified
Append a reporting modifier (8P) to CPT Category II code 4100F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- 8P: Bisphosphonate therapy, intravenous, not ordered or received, reason not otherwise specified

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission

Denominator Coding:
An ICD-9 diagnosis code for Multiple Myeloma (MM), not in remission, and a CPT E/M service code are required to identify patients for denominator inclusion.
ICD-9 diagnosis code: 203.00
AND
CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:
Multiple myeloma is a disease characterized by bone destruction, in the form of diffuse osteopenia and/or osteolytic lesions, which develop in 85% of patients. Bisphosphonates can inhibit bone resorption by reducing the number and activity of osteoclasts and therefore could "reduce pain and bone fractures in people with multiple myeloma".

CLINICAL RECOMMENDATION STATEMENTS:
Based on published data and clinical experience, the guidelines recommend the use of bisphosphonates for all patients with multiple myeloma who have bone disease, including osteopenia. In 10% to 20% of patients with earlier-stage disease who do not have bone disease, bisphosphonates may be considered but preferably in a clinical trial (Category 1 Recommendation). (NCCN)

Intravenous bisphosphonates should be administered monthly for patients with MM and lytic disease evident on plain radiographs (Grade A, Level II). It is reasonable to start intravenous bisphosphonates in patients with MM who do not have lytic bone disease if there is evidence of osteopenia or osteoporosis on bone mineral density studies (Consensus Recommendation, Level N/A). No randomized clinical trials support the use of bisphosphonates in patients with smoldering MM. We believe that bisphosphonates should be used only in the setting of a clinical trial [in these patients] (Consensus Recommendation, Level N/A). (Mayo Clinic)