

## Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

*This measure is to be reported **once per episode of treatment**<sup>1</sup> for all male patients with prostate cancer. It is anticipated that clinicians who perform the listed procedures as specified in the denominator coding will submit this measure.*

### Measure 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

### What will you need to report for each male patient with prostate cancer receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy for this measure?

If you select this measure for reporting, you will report:

- The risk of recurrence for every patient with prostate cancer receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy procedure:
  - Low Risk<sup>2</sup>: PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a
  - Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk
  - High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a

If the patient is at low risk<sup>2</sup> of recurrence for prostate cancer (as described above), you will then need to report:

- Whether or not the patient had a bone scan performed<sup>3</sup> at any time since diagnosis of prostate cancer

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is appropriate to have a bone scan performed after diagnosis of prostate cancer, due to:

- Medical reasons (including documented pain, salvage therapy, other medical reason) OR
- System reasons (including bone scan ordered by someone other than reporting physician)

In these cases, you will need to indicate which reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>Once per episode of treatment (i.e., interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy) for all patients with prostate cancer who receive interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy during the reporting period. Claims data will be analyzed to determine unique episodes of radiation therapy. Each episode of radiation therapy in an eligible patient receiving external beam radiotherapy to the prostate occurring during the reporting period will be counted when calculating the reporting and performance rates. The Physician Quality Reporting quality-data code needs to be submitted only once during the episode of radiation therapy (e.g., 8 weeks of therapy).

<sup>2</sup>Only patients with prostate cancer with low risk of reoccurrence will be counted in the performance denominator of this measure.

<sup>3</sup>This is an overuse measure. For performance, the measure will be calculated as the number of patients at low risk of recurrence for prostate cancer who did not receive a bone scan. A higher score indicates appropriate treatment of patients with prostate cancer at low risk of recurrence.