**2022 COLLECTION TYPE:**
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**
Process – High Priority

**DESCRIPTION:**
Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

**INSTRUCTIONS:**
This measure is to be submitted at each denominator eligible visit occurring during the performance period for patients with a diagnosis of cancer who are seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians providing care for patients with cancer will submit this measure.

**NOTE:** For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter, where the patient and physician have a face-to-face or telehealth interaction. Due to the nature of some applicable coding related to the radiation therapy (e.g., delivered in multiple fractions), the billing date for certain codes may or may not be the same as the face-to-face or telehealth encounter date. In this instance, for the reporting purposes of this measure, the billing date should be used to pull the appropriate patients into the initial population. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face or telehealth encounter during the series of treatments. A lookback (retrospective) period of 7 days, including the billing date, may be used to identify the actual face-to-face or telehealth encounter, which is required to assess the numerator. Therefore, pain intensity should be quantified during the face-to-face or telehealth encounter occurring on the actual billing date or within the 6 days prior to the billing date.

For patients receiving chemotherapy, pain intensity should be quantified at each face-to-face or telehealth encounter with the physician while the patient is currently receiving chemotherapy. For purposes of identifying eligible encounters, patients “currently receiving chemotherapy” refers to patients administered chemotherapy on the same day as the encounter or during the 30 days before the date of the encounter AND during the 30 days after the date of the encounter.

Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

**Measure Submission Type:**
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.
THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

1) All patient visits for patients with a diagnosis of cancer currently receiving chemotherapy

OR

2) All patient visits for patients with a diagnosis of cancer currently receiving radiation therapy

SUBMISSION CRITERIA 1: ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING CHEMOTHERAPY

DENOMINATOR (SUBMISSION CRITERIA 1):
All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy

Denominator Criteria (Eligible Cases) 1:
Diagnosis for cancer (ICD-10-CM):
C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9,
C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8,
C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0,
C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0,
C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8,
C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9,
C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7,
C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7,
C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8,
C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1,
C32.2, C32.3, C32.8, C32.9, C33, C34.0, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30,
C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.9,
C38.4, C38.8, C39.0, C39.9, C40.0, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21,
C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1,
C41.2, C41.4, C41.9, C43.0, C43.10, C43.11, C43.12, C43.13, C43.14, C43.15, C43.30, C43.31,
C43.32, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72,
C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.1091, C44.1092, C44.111,
C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292,
C44.131, C44.1311, C44.132, C44.1321, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991,
C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229,
C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320,
C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501,
C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599,
C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691,
C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722,
C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92,
C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51,
C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4,
C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.10, C49.11, C49.12, C49.20,
C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C49.0, C49.0, C49.0, C49.0, C49.0,
C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0,
C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0, C49.0,
Patient encounter during the performance period (CPT) – to be used to evaluate remaining denominator criteria and for numerator evaluation: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND

Patient procedure on or within 30 days before denominator eligible encounter: 51720, 96401, 96405, 96406, 96409, 96413, 96416, 96420, 96422, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

AND

Patient procedure on or within 30 days after denominator eligible encounter: 51720, 96401, 96405, 96406, 96409, 96413, 96416, 96420, 96422, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

NUMERATOR (SUBMISSION CRITERIA 1):
Patient visits in which pain intensity is quantified

Numerator Instructions:
Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, visual analog scale, a categorical scale, or the pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

Numerator Options:
Performance Met: Pain severity quantified; pain present (1125F)
OR Performance Met: Pain severity quantified; no pain present (1126F)
OR Performance Not Met: Pain severity not documented, reason not otherwise specified (1125F with 8P)
SUBMISSION CRITERIA 2: ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY

DENOMINATOR (SUBMISSION CRITERIA 2):
All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving radiation therapy

DENOMINATOR NOTE: For the reporting purposes for this measure, in instances where CPT code 77427 is reported, the billing date, which may or may not be the same date as the face-to-face or telehealth encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face or telehealth encounter during the series of treatments. A lookback (retrospective) period of 7 days, including the billing date, may be used to identify the actual face-to-face or telehealth encounter, which is required to assess the numerator. Therefore, pain intensity should be quantified during the face-to-face or telehealth encounter occurring on the actual billing date or within the 6 days prior to the billing date.

Denominator Criteria (Eligible Cases) 2:
Diagnosis for cancer (ICD-10-CM): C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.8, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.11, C43.12, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.53, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, C49.A, C49.A10, C49.A11, C49.A12, C49.A121, C49.A122, C49.A20, C49.A21, C49.A22, C49.A30, C49.A31, C49.A39, C49.A4, C49.A51, C49.A52, C49.A59, C49.A60, C49.A61, C49.A62, C49.A70, C49.A71, C49.A72, C49.A8, C49.A9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122,
Patient procedure during the performance period (CPT) – Radiation Treatment Management codes: 77427, 77431, 77432, 77435

NUMERATOR (SUBMISSION CRITERIA 2):
Patient visits in which pain intensity is quantified

Numerator Instructions:
Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, visual analog scale, a categorical scale, or pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

Numerator Options:
Performance Met: Pain severity quantified; pain present (1125F)

OR
Performance Met: Pain severity quantified; no pain present (1126F)

OR
Performance Not Met: Pain severity not documented, reason not otherwise specified (1125F with 8P)

RATIONALE:
An estimated 1.7 million new cases of cancer are diagnosed in the US each year (NIH, 2017). Pain is a commonly occurring symptom for cancer patients as 30% to 50% (510,000 to 850,000 each year based on current statistics) will experience moderate to severe pain (Wiffen, Wee, Derry, Bell, & Moore, 2017). Initial and ongoing pain assessments are essential to determine the pathophysiology of pain and ensure proper pain management. According to the National Comprehensive Cancer Network (NCCN, 2020), survival is linked with symptom control and pain management, and pain management contributes to broad quality of life.
improvement. Cancer patients have reported that pain interferes with their mood, work, relationships with other people, sleep and overall enjoyment of life (Moryl et al., 2018). To maximize patient outcomes, pain management is an essential part of oncologic management (NCCN, 2020).

A recent analysis of registry data for chronic pain cancer patients found average pain intensity reported as mild (24.6% of patients), moderate (41.5%), and severe (33.9%). The study also indicated that patient report of pain relief is inversely related to the average pain intensity reported (Moryl et al., 2018). These data suggest that assessing and managing a cancer patient’s pain is critical and there remains significant room for improvement in assessing and mitigating cancer-related pain. A prospective study of changes in pain severity of cancer patients found that, at initial assessment, 47% of patients reported pain. At follow-up, the patients with pain at initial assessment reported reduced pain (32.2%), stable pain (48.2%) and worse pain (19.6%). Of the 53% of patients reporting no pain at initial assessment, 82.6% reported stable pain and 17.4% reported worse pain at follow-up assessment (Zhao et al., 2014). This study highlights the importance of initial and ongoing assessments of pain to identify gaps and ensure proper pain management.

**CLINICAL RECOMMENDATION STATEMENTS:**
- Screen all patients for pain at each contact.

- Routinely quantify and document pain intensity and quality as characterized by the patient (whenever possible). Include patient reporting of breakthrough pain, treatments used and their impact on pain, satisfaction with pain relief, pain interference, provider assessment of impact on function, and any special issues for the patient relevant to pain treatment. If necessary, get additional information from caregiver regarding pain and impact on function.

- Perform comprehensive pain assessment if new or worsening pain is present and regularly for persisting pain.

Various methods and tools exist to assess pain severity. Intensity of pain should be quantified using a numerical rating scale (i.e., 0-10), visual analog scale, categorical scale, or pictorial scale (e.g., The Faces Pain Rating Scale) (Category 2A) (National Comprehensive Cancer Network, 2020).

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The PCPI’s and AMA’s significant past efforts and contributions to the development and updating of the Measure are acknowledged.

ASCO is solely responsible for the review and enhancement (“Maintenance”) of the Measure as of June 2020.

ASCO encourages use of the Measure by other health care professionals, where appropriate.

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2022 Clinical Quality Measure Flow for Quality ID #143 (NQF 0384):
Oncology: Medical and Radiation – Pain Intensity Quantified
Submission Criteria One

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.
**Submission Criteria Two**

**Denominator**

- **Start**
  - **Diagnosis for cancer as listed in Denominator**
  - **Patient procedure during the performance period – Radiation Treatment Management codes as listed in Denominator**
    - **Not included in Eligible Population/Denominator**
    - **Yes**
      - **Include in Eligible Population/Denominator (80 visits)**
    - **No**
  - **Pain severity quantified; pain present**
    - **Yes**
      - **Data Completeness Met + Performance Met 1125F or equivalent (30 visits)**
    - **No**
  - **Pain severity quantified; no pain present**
    - **Yes**
      - **Data Completeness Met + Performance Met 1126F or equivalent (20 visits)**
    - **No**

**Numerator**

- **Data Completeness Not Met Quality Data Code or equivalent not submitted (10 visits)**

**SAMPLE CALCULATIONS**

**Data Completeness**

\[
\text{Performance Met (a1+a2+a3+a4)=100 visits} + \text{Performance Not Met (c1+c2)=40 visits} = 140 \text{ visits} = 87.50\%
\]

\[
\text{Eligible Population / Denominator (d1+d2)=160 visits} = 160 \text{ visits}
\]

**Performance Rate**

\[
\text{Performance Met (a1+a2+a3+a4)=100 visits} = 100 \text{ visits} = 71.43\%
\]

\[
\text{Data Completeness Numerator (140 visits)} = 140 \text{ visits}
\]

*See the posted measure specification for specific coding and instructions to submit this measure. This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

**NOTE:** Submission Frequency: Visit
2022 Clinical Quality Measure Flow Narrative for Quality ID #143 (NQF 0384):
Oncology: Medical and Radiation – Pain Intensity Quantified

Disclaimer: Refer to the measure specification for specification coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator

2. Check Diagnosis for cancer as listed in Denominator*:
   a. If Diagnosis for cancer as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Diagnosis for cancer as listed in Denominator* equals Yes, proceed to check Patient encounter during the performance period – to be used to evaluate remaining denominator criteria and for numerator evaluation, as listed in Denominator*.

3. Check Patient encounter during the performance period – to be used to evaluate remaining denominator criteria and for numerator evaluation, as listed in Denominator*:
   a. If Patient encounter during the performance period – to be used to evaluate remaining denominator criteria and for numerator evaluation, as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patient encounter during the performance period – to be used to evaluate remaining denominator criteria and for numerator evaluation, as listed in Denominator* equals Yes, proceed to check Patient procedure on or within 30 days before denominator eligible encounter as listed in Denominator*.

4. Check Patient procedure on or within 30 days before denominator eligible encounter as listed in Denominator*:
   a. If Patient procedure on or within 30 days before denominator eligible encounter as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patient procedure on or within 30 days before denominator eligible encounter as listed in Denominator* equals Yes, proceed to check Patient procedure on or within 30 days after denominator eligible encounter as listed in Denominator*.

5. Check Patient procedure on or within 30 days after denominator eligible encounter as listed in Denominator*:
   a. If Patient procedure on or within 30 days after denominator eligible encounter as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patient procedure on or within 30 days after denominator eligible encounter as listed in Denominator* equals Yes, include in Eligible Population/Denominator.

6. Denominator Population:
   a. Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d₁ equals 80 visits in the Sample Calculation.
7. Start Numerator

8. Check Pain severity quantified; pain present:
   a. If Pain severity quantified; pain present equals Yes, include in Data Completeness Met and Performance Met.
      • Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a₁ equals 30 visits in the Sample Calculation.
   b. If Pain severity quantified; pain present equals No, proceed to check Pain severity quantified; no pain present.

9. Check Pain severity quantified; no pain present:
   a. If Pain severity quantified; no pain present equals Yes, include in Data Completeness Met and Performance Met.
      • Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a₂ equals 20 visits in the Sample Calculation.
   b. If Pain severity quantified; no pain present equals No, proceed to check Pain severity not documented, reason not otherwise specified.

10. Check Pain severity not documented, reason not otherwise specified:
    a. If Pain severity not documented, reason not otherwise specified equals Yes, include in Data Completeness Met and Performance Not Met.
       • Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c₁ equals 20 visits in the Sample Calculation.
    b. If Pain severity not documented, reason not otherwise specified equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:
    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation

*See the posted measure specification for specific coding and instructions to submit this measure.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Two:

1. Start with Denominator
2. Check *Diagnosis for cancer as listed in Denominator*:
   a. If *Diagnosis for cancer as listed in Denominator* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
   b. If *Diagnosis for cancer as listed in Denominator* equals Yes, proceed to check *Patient procedure during the performance period – Radiation Treatment Management codes as listed in Denominator*.

3. Check *Patient procedure during the performance period – Radiation Treatment Management codes as listed in Denominator*:
   a. If *Patient procedure during the performance period – Radiation Treatment Management codes as listed in Denominator* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
   b. If *Patient procedure during the performance period – Radiation Treatment Management codes as listed in Denominator* equals Yes, include in *Eligible Population/Denominator*.

4. Denominator Population:
   a. Denominator population is all *Eligible Visits* in the denominator. Denominator is represented as *Denominator in the Sample Calculation* listed at the end of this document. Letter d² equals 80 patients in the Sample Calculation.

5. Start Numerator:

6. Check *Pain severity quantified; pain present*:
   a. If *Pain severity quantified; pain present* equals Yes, include in *Data Completeness Met and Performance Met*.
      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a³ equals 30 visits in the Sample Calculation.
   b. If *Pain severity quantified; pain present* equals No, proceed to check *Pain severity quantified; no pain present*.

7. Check *Pain severity quantified; no pain present*:
   a. If *Pain severity quantified; no pain present* equals Yes, include in *Data Completeness Met and Performance Met*.
      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a⁴ equals 20 visits in the Sample Calculation.
   b. If *Pain severity quantified; no pain present* equals No, proceed to check *Pain severity not documented, reason not otherwise specified*.

8. Check *Pain severity not documented, reason not otherwise specified*:
   a. If *Pain severity not documented, reason not otherwise specified* equals Yes, include in
**Data Completeness Met and Performance Not Met.**

- **Data Completeness Met and Performance Not Met** letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 visits in the Sample Calculation.

**b.** If Pain severity not documented, reason not otherwise specified equals No, proceed to check Data Completeness Not Met.

9. Check **Data Completeness Not Met**:

   **a.** If **Data Completeness Not Met**, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations**

Data Completeness equals Performance Met (a^1 plus a^2 plus a^3 plus a^4 equals 100 visits) plus Performance Not Met (c^1 plus c^2 equals 40 visits) divided by Eligible Population/Denominator (d^1 plus d^2 equals 160 visits). All equals 140 visits divided by 160 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 plus a^2 plus a^3 plus a^4 equals 100 visits) divided by Data Completeness Numerator (140 visits). All equals 100 visits divided by 140 visits. All equals 71.43 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.