

Quality ID #156 (NOF 0382): Oncology: Radiation Dose Limits to Normal Tissues – National Quality Strategy Domain: Patient Safety

2018 OPTIONS FOR INDIVIDUAL MEASURES:

CLAIMS ONLY

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy seen during the performance period. It is anticipated that eligible clinicians providing radiation therapy for patients with cancer will submit this measure.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be submitted on the claim(s) representing the eligible encounter. There are no allowable performance exclusions for this measure.

DENOMINATOR:

All patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy

Denominator Criteria (Eligible Cases):

Diagnosis for breast, rectal, pancreatic or lung cancer (ICD-10-CM): C19, C20, C21.2, C21.8, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C34.00, 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, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929

AND

Patient procedure during the performance period (CPT): 77295

AND NOT

Diagnosis for metastatic cancer (ICD-10-CM): C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9

NUMERATOR:

Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues

Numerator Quality-Data Coding Options:

Radiation Dose Limits to Normal Tissues Established

Performance Met: CPT II 0520F:

Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissue/organ

OR

Radiation Dose Limits to Normal Tissues not Established, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 0520F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 0520F with 8P:

Radiation dose limits to normal tissues not established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissue/organ, reason not otherwise specified

RATIONALE:

Identifying radiation dose limits to normal tissues is an important step in the process of care for patients receiving radiation therapy treatments. Although no specific data is available, in its practice accreditation reviews, the American College of Radiation Oncology has found that radiation dose limits to normal tissues are included in the patient chart less frequently than reviewers expected. While dose constraint specification is an integral part of IMRT, it is not required for 3D conformal radiation therapy. Patients treated with 3D conformal radiation therapy are often subjected to dose levels that exceed normal tissue tolerance, and precise specification of maximum doses to be received by normal tissues represent both an intellectual process for the physician during radiation treatment planning, and a fail-safe point for the treating therapists. In most circumstances where facilities require specification of radiation dose limits to normal tissues prior to initiation of therapy, policies and procedures exist that prohibit exceeding those limits in the absence of written physician approval.

CLINICAL RECOMMENDATION STATEMENTS:

Breast Cancer

Whole Breast Radiation: Target definition includes the majority of the breast tissue, and is best done by both clinical assessment and CT-based treatment planning. A uniform dose distribution and minimal normal tissue toxicity are the goals and can be accomplished using compensators such as wedges, forward planning using segments, intensity-modulated radiation therapy (IMRT), respiratory gating, or prone positioning. (NCCN, 2014)

Chest Wall Radiation (including breast reconstruction)

The target includes the ipsilateral chest wall, mastectomy scar, and drain sites where possible. Depending on whether the patient has been reconstructed or not, several techniques using photons and/or electrons are appropriate. CT-based treatment planning is encouraged in order to identify lung and heart volumes, and minimize exposure of these organs. Special consideration should be given to the use of bolus material when photon fields are used, to ensure the skin dose is adequate. (NCCN, 2014)

Rectal Cancer

Radiation therapy fields should include the tumor or tumor bed, with a 2-5 cm margin, the presacral nodes, and the internal iliac nodes. The external iliac nodes should also be included for T4 tumors involving anterior structures.

Multiple radiation therapy fields should be used (generally a 3- or 4- field technique). Positioning and other techniques to minimize the volume of small bowel in the fields should be encouraged. (NCCN, 2014)

Pancreatic Adenocarcinoma

It is imperative to evaluate the DVH [dose volume histogram] of the PTV [planning target volume] and critical normal

structures such as liver, kidneys, spinal cord, liver and bowel. While these limits are empirical they differ based on dose per fraction, total dose delivered, and disease status (adjuvant vs. unresectable). Studies have shown that the tolerability of radiation is largely dependent on PTV size/elective nodal irradiation, types of concurrent systemic/targeted therapy, and whether conformal (3-D, IMRT, SBRT) vs. conventional radiation is used. (NCCN, 2012)

Non-Small Cell Lung Cancer

It is essential to evaluate the dose volume histogram (DVH) of critical structures and to limit the doses to the spinal cord, lungs, heart, esophagus, and brachial plexus to minimize normal tissue toxicity. These limits are mainly empirical. For patients receiving postoperative RT, more strict DVH parameters should be considered for lung. (NCCN, 2012)

Small Cell Lung Cancer

Normal tissue doses will be dependent on tumor size and location. (NCCN, 2012)

COPYRIGHT:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American Society for Radiation Oncology (ASTRO). Neither the AMA, ASTRO, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. ASTRO is solely responsible for the review and enhancement ("Maintenance") of the Measures as of August 14, 2014.

ASTRO encourages use of the Measures by other health care professional, where appropriate.

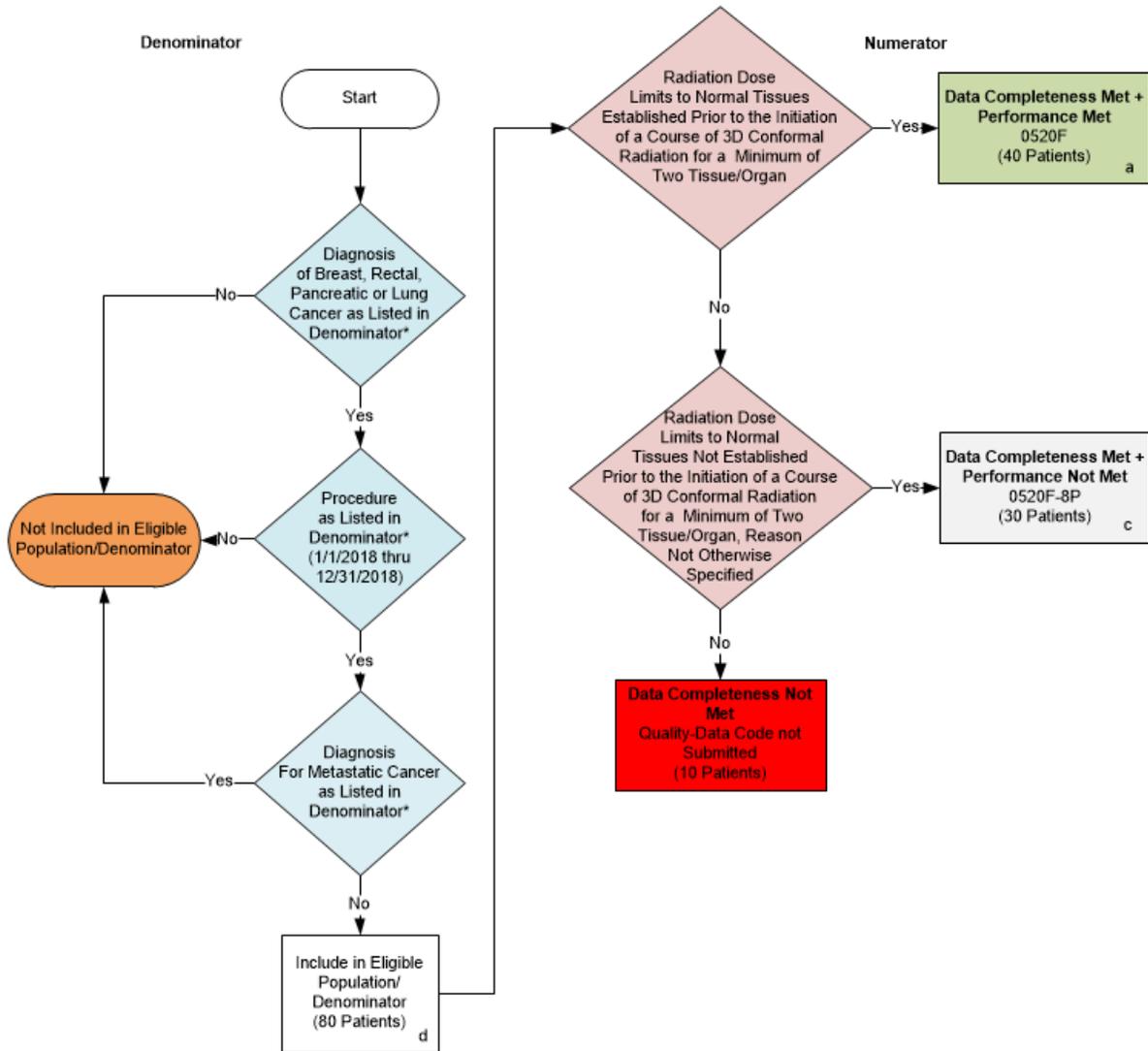
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANYKIND.

© 2015 American Medical Association and American Society for Radiation Oncology. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, ASTRO, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2017 American Medical Association. LOINC® copyright 2004-2017 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2017 College of American Pathologists. All Rights Reserved.

**2018 Claims Flow for Quality ID #156 NQF #0382:
Oncology: Radiation Dose Limits to Normal Tissues**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

NOTE: Submission Frequency: Patient Process

CPT only copyright 2017 American Medical Association. All rights reserved. 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.

v2

2018 Claims Quality ID #156
NQF #0382: Oncology: Radiation Dose Limits to Normal Tissues

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in submitting this Individual Measure. This flow is for claims data submission.

1. Start with Denominator
2. Check Patient Diagnosis:
 - a. If Diagnosis of Breast, Rectal, Pancreatic or Lung Cancer as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Breast, Rectal, Pancreatic or Lung Cancer as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
 - a. If Procedure Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Procedure Performed as Listed in the Denominator equals Yes, proceed to check Patient Diagnosis for Metastatic Cancer.
4. Check Patient Diagnosis for Metastatic Cancer:
 - a. If Diagnosis of Metastatic Cancer as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Metastatic Cancer as Listed in the Denominator equals No, include in Eligible Population.
5. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Radiation Dose Limits to Normal Tissues Established Prior to the Initiation of 3D Conformal Radiation Minimum Two Tissue/Organ:
 - a. If Radiation Dose Limits to Normal Tissues Established Prior to the Initiation of 3D Conformal Radiation Minimum Two Tissue/Organ equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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 a equals 40 patients in the Sample Calculation.
 - c. If Radiation Dose Limits to Normal Tissues Established Prior to the Initiation of 3D Conformal Radiation Minimum Two Tissue/Organ equals No, proceed to Radiation Dose Limits to Normal Tissue Not Established Prior to the Initiation of 3D Conformal Radiation for a Minimum Two Tissue/Organ, Reason Not Otherwise Specified.

8. Check Radiation Dose Limits to Normal Tissues Not Established Prior to the Initiation of 3D Conformal Radiation for a Minimum Two Tissue/Organ, Reason Not Otherwise Specified:
 - a. If Radiation Dose Limits to Normal Tissue Not Established Prior to the Initiation of 3D Conformal Radiation for a Minimum Two Tissue/Organ, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. 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 equals 30 patients in the Sample Calculation.
 - c. If Radiation Dose Limits to Normal Tissue Not Established Prior to the Initiation of 3D Conformal Radiation for a Minimum Two Tissue/Organ, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$