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<th>Measure Description</th>
<th>Denominator Exceptions</th>
<th>Denominator Exclusion</th>
<th>Denominator</th>
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</thead>
<tbody>
<tr>
<td>QOPI5</td>
<td>Chemotherapy administered to patients with metastatic solid tumor with performance status of ECOG 3 or 4; KPS 10 – 40; or undocumented (Lower Score - Better)</td>
<td>Percentage of patients with metastatic solid tumors and a performance status of ECOG 3 or 4; KPS 10-40; or undocumented, who receive chemotherapy (Lower score - Better)</td>
<td>Alternative treatment was administered according to clinical trial protocol</td>
<td>Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, myeloma, leukemia, Hodgkin and non-Hodgkin lymphoma (Diagnosis codes 181.x, 186.x, 205-208.x, 200-202.x)</td>
<td>&quot;All patients, regardless of age, with a diagnosis of a metastatic solid tumor and a performance ECOG 3 or 4; KPS 10-40; or undocumented within 2 weeks prior to or on the day of chemotherapy administration for distant metastatic disease. Denominator definition: Metastatic is Stage IV at initial diagnosis or development of distant metastases during measurement period.</td>
<td>Chemotherapy administered</td>
</tr>
<tr>
<td>QOPI11</td>
<td>Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer</td>
<td>Percentage of adult women under 70 with a diagnosis of AJCC stage IA (T1c) to III ER/PR negative breast cancer, who receive combination chemotherapy within 4 months of diagnosis</td>
<td>Alternative treatment was administered according to clinical trial protocol. Patient declined, or Patient died or transferred, or Contraindication.</td>
<td>Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care, or M-Stage at breast cancer diagnosis = M1, or Diagnosis of malignant phylloides, cystosarcoma phylloides, tubular carcinoma, mucinous carcinoma, or Multi-agent chemotherapy NOT</td>
<td>All patients aged 18-69 at time of breast cancer diagnosis and AJCC stage at breast cancer diagnosis is IIA-IIIC, or IA and T1c, or IB, or T1c, T2-T4d and N0, or N1-N3c, or T1c and N1mic, and ER negative and PR negative</td>
<td>Multi-agent chemotherapy administered during initial treatment course for breast cancer</td>
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<tr>
<td>QOPI15</td>
<td>GCSF administered to patients who received chemotherapy for metastatic cancer (Lower Score - Better)</td>
<td>Percentage of patients 18 or older with metastatic cancer who were administered chemotherapy and received a granulocyte-colony stimulating factor (GCSF) (Lower score - Better)</td>
<td>None</td>
<td>Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, leukemia, Hodgkin or Non-Hodgkin’s lymphoma</td>
<td>Patients aged 18 or older at cancer diagnosis who received chemotherapy for metastatic/advanced disease and/or received chemotherapy for palliative intent</td>
<td>Patient received GCSF with any chemotherapy regimen</td>
</tr>
<tr>
<td>QOPI21</td>
<td>Oncology: Treatment Summary Communication – Radiation Oncology</td>
<td>Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was</td>
<td>Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient requests that report not be sent) and to the patient within one month of completing treatment</td>
<td>Documentation of a system reason(s) for not</td>
<td>All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy</td>
<td>Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</td>
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## QOPI® REPORTING REGISTRY 2020

### QR AND QCDR MEASURE SPECIFICATIONS

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<td>communicated to the physician(s) providing continuing care and to the patient within <strong>one month</strong> of completing treatment</td>
<td>communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient does not have any physician responsible for providing continuing care) and to the patient within one month of completing treatment</td>
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<td>New for 2020</td>
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<tr>
<td>QOPI22</td>
<td>External Beam Radiotherapy for Bone Metastases</td>
<td>Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline.</td>
<td>Patients who are part of a prospective clinical protocol or registry study involving the administration of radiation therapy, especially stereotactic radiosurgery (SRS) or stereotactic body radiation therapy (SBRT)</td>
<td>Patients with a diagnosis of multiple myeloma (ICD-10-CM codes C90.00-C90.02) EBRT is used to treat anything other than bone metastases. Previous radiation treatment to the same anatomic site (i.e., retreatment) Patients with femoral axis cortical involvement greater than 3 cm in length if the current EBRT is to that femur. Patients who have undergone a surgical stabilization procedure if at the site of the current EBRT treatment. Patients with spinal cord compression, cauda equina compression or radicular pain documented in the chart as related to the bone metastases being treated with EBRT.</td>
<td>All patients, regardless of age, with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn</td>
<td>Patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn</td>
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<tr>
<td>QOPI23</td>
<td>Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC</td>
<td>Percentage of patients, regardless of age, with a diagnosis of Stage IIIB non-small cell lung cancer (NSCLC) receiving concurrent chemoradiation.</td>
<td>Patients who received first line platinum-based chemotherapy and radiation on a clinical trial, Performance status is ECOG 3 or 4, or Karnofsky performance status is 10-40 Patient performance status is 3 / 40-50% / Bed time, &gt;50%, Patient performance status is 4 / 10-30% / Unable to get out of bed Patients with medical contraindication for concurrent chemoradiation</td>
<td>Superior sulcus cancers</td>
<td>All patients, regardless of age, with Stage IIIB NSCLC at diagnosis (AJCC 8th Edition)</td>
<td>Patients who received first-line platinum-based chemotherapy and radiation</td>
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<tr>
<td>QOPI24</td>
<td>Hypofractionization Whole Breast Irradiation</td>
<td>Percentage of female patients, regardless of age, with a diagnosis of invasive breast cancer receiving hypofractionated whole breast irradiation (HF-WBI)</td>
<td>Node-positive patients receiving regional nodal irradiation</td>
<td>None</td>
<td>All female patients, regardless of age, with a diagnosis of invasive breast cancer receiving whole breast irradiation</td>
<td>Patients receiving hypofractionated whole breast irradiation (HF-WBI) in 15-16 fractions</td>
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**Exception Guidance:**

As discussion of regional nodal treatment was not included in the referenced ASTRO guideline, the authors refrained from making a treatment recommendation for node-positive patients and noted that future guideline work is needed to address indications and techniques for regional nodal irradiation in node-positive patients. While the ASTRO guideline does not feature a recommendation for the treatment of node-positive patients, the measure.
development technical expert panel felt that node-positive patients could reasonably be treated with hypofractionated therapy and should not be uniformly excluded from the measure. Node-positive patients are therefore specified as a denominator exception, so that providers treating node-positive patients with conventional fractionation will not fail to meet the measure.
# QOPI® REPORTING REGISTRY 2020

## QR AND QCDR MEASURE SPECIFICATIONS

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<tr>
<td>QOPI25</td>
<td>Moderate Hypofractionization for Prostate Cancer</td>
<td>Percentage of low- and intermediate-risk prostate cancer patients, regardless of age, receiving moderately hypofractionated external beam radiation therapy (EBRT)</td>
<td>None</td>
<td>Patients receiving radiation treatment to the pelvic lymph nodes</td>
<td>All patients with low- and intermediate-risk prostate cancer, regardless of age, who receive EBRT to the intact prostate (+/- seminal vesicles)</td>
<td>All patients who receive moderately hypofractionated EBRT in 6-30 fractions</td>
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## QOPI® REPORTING REGISTRY 2020

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| QOPI26    | Sentinel Lymph Node (SLN) Biopsies for Patients with AJCC T1b-T4 Melanoma    | Percentage of patients with AJCC T1b-T4 cutaneous melanoma who received a SLN biopsy. | Patient declined Documentation of Medical Reason: Comorbidities                           | Clinical or radiologic evidence of distant metastatic disease or regional metastases, including lymph node involvement. | Patients with clinical staging of AJCC T1b-T4 melanoma at diagnosis. | Patients who received an SLN biopsy within 60 days of the initial biopsy. | Numerator Guidance:  
- Date of the initial biopsy determined from pathology report.  
- Initial biopsy is a preliminary excisional biopsy completed for patients with a suspicious pigmented lesion and used to categorize clinical staging. A SLN biopsy is a staging procedure to further stratify patients with clinical stage I-II melanoma (as identified by the initial excisional biopsy) based on the presence or absence of subclinical nodal metastases. |
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<tr>
<td>QOPI27</td>
<td>Appropriate Antiemetic Therapy for High- and Moderate-Emetic Risk Antineoplastic Agents</td>
<td>Percentage of cancer patients aged ≥18 years treated with high- or moderate-emetic risk antineoplastic agents who are administered appropriate pre-treatment antiemetic therapy</td>
<td>Denominator Exception Criteria 1: Patient allergy to neurokinin 1 (NK1) receptor antagonist, serotonin (5-HT3) receptor antagonist, dexamethasone, or olanzapine</td>
<td>None</td>
<td>Denominator Criteria 1: All patients aged ≥18 years diagnosed with cancer who receive high-emetic risk antineoplastic agents during cycle 1 of the patient’s first chemotherapy regimen  Denominator Criteria 2: All patients aged ≥18 years diagnosed with cancer who receive moderate-emetic risk antineoplastic agents during cycle 1 of the patient’s first chemotherapy regimen  Denominator Guidance: For guidance on determining emetic risk, please refer to Table 1, Emetic Risk of Single Intravenous Antineoplastic Agents in Adults (Hesketh, P.J., K. Bohlke, and M.G. Kris, Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update Summary. J Oncol Pract, 2017. 13(12): p. 825-830)</td>
<td>Numerator Criteria 1: Patients who are administered prior to treatment a four-drug combination of a neurokinin 1 (NK1) receptor antagonist, a serotonin (5-HT3) receptor antagonist, dexamethasone, and olanzapine  Numerator Criteria 2: Patients who are administered prior to treatment a two-drug combination of a 5-HT3 receptor antagonist, and dexamethasone</td>
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<tbody>
<tr>
<td>47</td>
<td>Advance Care Plan</td>
<td>Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</td>
<td>Hospice services received by patient any time during the measurement period: G9692</td>
<td>Patients aged ≥ 65 years on date of encounter AND Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439</td>
<td>Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (1123F) OR Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (1124F)</td>
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<tr>
<td>67</td>
<td>Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow</td>
<td>Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow</td>
<td>\textit{Denominator Exceptions}: Documentation of medical reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., no liquid bone marrow or fibrotic marrow) (3155F with 1P) \textbf{OR} Documentation of patient reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., at time of diagnosis receiving palliative care or not receiving treatment as defined above) (3155F with 2P) \textbf{OR} Documentation of system reason(s) for not performing baseline cytogenetic testing on bone marrow (e.g., patient previously treated by another physician at the time cytogenetic testing performed) (3155F with 3P)</td>
<td>Patients aged ≥ 18 years on date of encounter \textbf{AND} Diagnosis for MDS or acute leukemia – not in remission (ICD-10-CM): C91.00, C91.02, C92.00, C92.02, C92.40, C92.42, C92.50, C92.52, C92.60, C92.62, C92.A0, C92.A2, C93.00, C93.02, C94.00, C94.02, C94.20, C94.22, C95.00, C95.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z \textbf{AND} Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245* WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td>Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (3155F)</td>
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## QOPI® REPORTING REGISTRY 2020

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<td>69</td>
<td>Hematology:  Multiple Myeloma: Treatment with Bisphosphonates</td>
<td>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.</td>
<td>Documentation of medical reason(s) for not prescribing bisphosphonates (e.g., patients who do not have bone disease, patients with dental disease, patients with renal insufficiency) (4100F with 1P) OR Documentation of patient reason(s) for not prescribing bisphosphonates (4100F with 2P)</td>
<td></td>
<td>Patients aged ≥ 18 years on date of encounter AND Diagnosis for multiple myeloma – not in remission (ICD-10-CM): C90.00, C90.02 AND Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td>Bisphosphonate therapy, intravenous, ordered or received (4100F)</td>
</tr>
<tr>
<td>70</td>
<td>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry</td>
<td>Percentage of patients aged 18 years and older, seen within a 12 month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart</td>
<td>Documentation of medical reason(s) for not performing baseline flow cytometry studies (3170F with 1P) OR Documentation of patient reason(s) for not performing baseline flow cytometry studies (e.g., receiving palliative care or not receiving treatment as defined above) (3170F with 2P)</td>
<td></td>
<td>Patients aged ≥ 18 years on date of encounter AND Diagnosis for CLL – not in remission (ICD-10-CM): C91.10, C91.12 AND Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245* WITHOUT Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (3170F)</td>
<td>Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (3170F)</td>
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<tbody>
<tr>
<td>102</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very 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</td>
<td>Documentation of system reason(s) for not performing baseline flow cytometry studies (e.g., patient previously treated by another physician at the time baseline flow cytometry studies were performed) (3170F with 3P)</td>
<td>Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td>Denominator: Any male patient, regardless of age AND Diagnosis for prostate cancer (ICD-10-CM): C61 AND Patient encounter during the performance period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 77427, 77435, 77772, 77778, 77799 AND Low (or very low) risk of recurrence, prostate cancer: G9706</td>
<td>Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (3270F)</td>
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<tr>
<td>104</td>
<td>Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer</td>
<td>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate</td>
<td>Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) (G9895) OR Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (G9896)</td>
<td>Diagnosis for metastatic cancer</td>
<td>Diagnosis for prostate cancer (ICD-10-CM): C61 AND Patient encounter during the performance period (CPT): 77427, 77435 AND High or very high risk of recurrence = Yes AND Receiving external beam radiotherapy to the prostate = Yes</td>
<td>Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate (G9894)</td>
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<tr>
<td>130</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements</td>
<td>Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician (G8430)</td>
<td>Patients aged ≥ 18 years on date of encounter AND</td>
<td>Patient encounter during the performance period (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92547, 92548, 92550, 92557,</td>
<td>Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient’s current medications (G8427)</td>
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<td>AND must contain the medications' name, dosage, frequency and route of administration</td>
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<td>92567, 92568, 92570, 92585, 92588, 92626, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 96152, 97127*, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99236, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, 99281, 99282, 99283, 99284, 99285, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0101, G0108,</td>
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<tr>
<td>134</td>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
<td>Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen</td>
<td>Screening for depression not completed, documented reason (G8433)</td>
<td>Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required: G9717</td>
<td>Patients aged ≥ 12 years on date of encounter AND Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96118, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444</td>
<td>Screening for depression is documented as being positive AND a follow-up plan is documented (G8431) OR Screening for depression is documented as negative, a follow-up plan is not required (G8510)</td>
</tr>
<tr>
<td>138</td>
<td>Melanoma: Coordination of Care</td>
<td>Percentage of patient visits, regardless of age, with a new occurrence of melanoma that have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</td>
<td>Documentation of patient reason(s) for not communicating treatment plan to the Primary Care Physician(s) (PCP) (s) (e.g., patient asks that treatment plan not be communicated to the physician(s) providing continuing care) (S050F with 2P) OR Documentation of system reason(s) for not communicating treatment plan to the</td>
<td>Diagnosis for melanoma (ICD-10-CM): C43.0, C43.10, C43.11, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, 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, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70,</td>
<td>Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (S050F)</td>
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</tbody>
</table>
### QOPI® REPORTING REGISTRY 2020

#### QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Measure Description</th>
<th>Denominator Exceptions</th>
<th>Denominator Exclusion</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>143</td>
<td>Oncology: Medical and Radiation - Pain Intensity Quantified</td>
<td>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</td>
<td>None</td>
<td>None</td>
<td>SUBMISSION CRITERIA 1: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy</td>
<td>Pain severity quantified; pain present (1125F) OR Pain severity quantified; no pain present (1126F)</td>
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</table>

PCP(s) (e.g., patient does not have a primary care physician or referring physician) (5050F with 3P)

D03.71, D03.72, D03.8, D03.9

AND

Patient encounter for excision of malignant melanoma (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 17311, 17313
## QOPI® REPORTING REGISTRY 2020
### QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
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<td></td>
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<td></td>
<td>99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 AND Patient procedure within 30 days before denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549</td>
<td>AND Patient procedure within 30 days after denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549</td>
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### QOPI® REPORTING REGISTRY 2020

#### QR AND QCDR MEASURE SPECIFICATIONS

<table>
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<tbody>
<tr>
<td>SUBMISSION CRITERIA 2: ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY</td>
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<tr>
<td>ALL PATIENT VISITS FOR PATIENTS WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY</td>
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<tr>
<td>SUBMISSION CRITERIA 2: Patient visits in which pain intensity is quantified Pain severity quantified; pain present (1125F) OR Pain severity quantified; no pain present (1126F)</td>
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<tbody>
<tr>
<td>144</td>
<td>Oncology: Medical and Radiation –Plan of Care for Moderate to Severe Pain</td>
<td>Percentage of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain with a plan of care to address pain documented on or before the date of the second visit with a clinician</td>
<td>SUBMISSION CRITERIA 1: All patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain AND Patient encounter during the performance period (CPT) – Service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 AND SUBMISSION CRITERIA 1: Patient visits that included a documented plan of care to address pain Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician (M1001)</td>
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**QOPI® REPORTING REGISTRY 2020**

**QR AND QCDR MEASURE SPECIFICATIONS**

<table>
<thead>
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<th>Measure #</th>
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<th>Denominator</th>
<th>Numerator</th>
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<td>Patient procedure during the performance period (CPT) – Procedure codes: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96524, 96549&lt;br&gt;<strong>AND</strong>&lt;br&gt;Pain screened as moderate to severe: M1000</td>
<td><strong>SUBMISSION CRITERIA 2:</strong>&lt;br&gt;<strong>All patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy</strong>&lt;br&gt;<strong>AND</strong>&lt;br&gt;Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435&lt;br&gt;<strong>AND</strong>&lt;br&gt;Pain screened as moderate to severe: M1000</td>
<td><strong>SUBMISSION CRITERIA 2:</strong>&lt;br&gt;<strong>Patients for whom a plan of care to address moderate to severe pain is documented on or before the date of the second visit with a clinician</strong>&lt;br&gt;<strong>AND</strong>&lt;br&gt;Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician (M1001)</td>
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## QOPI® REPORTING REGISTRY 2020

### QR AND QCDR MEASURE SPECIFICATIONS

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<th>Denominator Exceptions</th>
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<th>Numerator</th>
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<tbody>
<tr>
<td>226</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user</td>
<td>SUBMISSION CRITERIA 1: All patients who were screened for tobacco use AND identified as a tobacco user (G9902)</td>
<td>None</td>
<td>SUBMISSION CRITERIA 1: Patients who were screened for tobacco use at least once within 24 months</td>
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</table>

**Note:**
- **SUBMISSION CRITERIA 1:**
  - Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) (G9904)
- **Denominator:**  
  - All patients aged 18 years and older seen for at least two visits (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350  
  - WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02
  - OR
  - At least one preventive encounter during the performance period (CPT)
<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Measure Description</th>
<th>Denominator Exceptions</th>
<th>Denominator Exclusion</th>
<th>Denominator</th>
<th>Numerator</th>
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<td><strong>SUBMISSION CRITERIA 2:</strong> All Patients who were identified as a tobacco user and who received tobacco cessation intervention</td>
<td><em><strong>SUBMISSION CRITERIA 2:</strong></em> Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) (G9907)</td>
<td></td>
<td></td>
<td>HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td><strong>SUBMISSION CRITERIA 2:</strong> All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user Patients aged ≥ 18 years AND All eligible instances when G9902 is submitted for Performance Met (patient screened for tobacco use and identified as a tobacco user) in the numerator of Submission Criteria 1 AND At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845,</td>
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</tbody>
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# QOPI® REPORTING REGISTRY 2020

## QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Measure Description</th>
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<td>92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350</td>
<td>WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 OR At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
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<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
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<td><strong>SUBMISSION CRITERIA 3:</strong> All patients who were screened for tobacco use and, if identified as a tobacco user, received tobacco cessation intervention, or identified as a tobacco non-user</td>
<td><strong>SUBMISSION CRITERIA 3:</strong> Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) (4004F with 1P) OR Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason) (G9909)</td>
<td>SUBMISSION CRITERIA 3: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period Patients aged ≥ 18 years AND At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 OR At least one preventive encounter during the performance period (CPT or SUBMISSION CRITERIA 3: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (4004F) OR Current tobacco non-user (1036F)</td>
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</table>
# QOPI® REPORTING REGISTRY 2020

## QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Measure Description</th>
<th>Denominator Exceptions</th>
<th>Denominator Exclusion</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>408</td>
<td>Opioid Therapy Follow-up Evaluation</td>
<td>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record</td>
<td>None</td>
<td>Patients who were in hospice at any time during the performance period: M1022</td>
<td>HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td>Patients who had a follow-up evaluation conducted at least every three months during opioid therapy (G9562)</td>
</tr>
</tbody>
</table>

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# QOPI® REPORTING REGISTRY 2020

## QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
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<th>Measure Title</th>
<th>Measure Description</th>
<th>Denominator Exceptions</th>
<th>Denominator Exclusion</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>412</td>
<td>Documentation of Signed Opioid</td>
<td>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record</td>
<td>Patients who were in hospice at any time during the performance. All G-codes have been used. This is correctly written as M-code period: M1025</td>
<td>Patients aged ≥ 18 years on date of encounter AND Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 AND Patients prescribed opiates for longer than six weeks: G9577</td>
<td>Documentation of signed opioid treatment agreement at least once during opioid therapy (G9578)</td>
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</tbody>
</table>
## QOPI® REPORTING REGISTRY 2020

### QR AND QCDR MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Title</th>
<th>Measure Description</th>
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<th>Denominator Exclusion</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>431</td>
<td>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</td>
<td>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user</td>
<td>Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons) (G9623)</td>
<td>None</td>
<td>Patients aged ≥ 18 years AND At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 OR At Least One Preventive Visit during the performance period (CPT or HCPCS): 96160, 96161, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</td>
<td>Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling (G9621) OR Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method (G9622)</td>
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<tr>
<td>Measure #</td>
<td>Measure Title</td>
<td>Measure Description</td>
<td>Denominator Exceptions</td>
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<tr>
<td>450</td>
<td>Trastuzumab Received by Patients with AJCC Stage I (T1c) - III and HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy</td>
<td>Percentage of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving Trastuzumab</td>
<td>Reason for not administering Trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation NOT complete) (G9836)</td>
<td>Patient transfer to practice after initiation of chemotherapy: G9833 OR Patient has metastatic disease at diagnosis: G9834</td>
<td>Female Patients aged ≥ 18 years on date of encounter AND Diagnosis of breast cancer (ICD-10-CM): C50. 011, C50. 012, C50. 019, C50. 111, C50. 112, C50. 119, C50. 211, C50. 212, C50. 219, C50. 311, C50. 312, C50. 319, C50. 411, C50. 412, C50. 419, C50. 511, C50. 512, C50. 519, C50. 611, C50. 612, C50. 619, C50. 811, C50. 812, C50. 819, C50. 911, C50. 912, C50. 919 AND Patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 AND Two or more encounters at the reporting site AND Breast Adjuvant Chemotherapy administered: G9829 AND HER-2/neu positive: G9830 AND AJCC stage at breast cancer diagnosis = II or III: G9831</td>
<td>Trastuzumab administered within 12 months of diagnosis (G9835)</td>
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<tr>
<td>Measure #</td>
<td>Measure Title</td>
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<tr>
<td>451</td>
<td>KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy</td>
<td>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed.</td>
<td>None</td>
<td>None</td>
<td>Patients aged ≥ 18 years on date of encounter AND Diagnosis of Initial colon or rectal cancer (ICD-10 CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20 AND Patient Encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 AND Two or more encounters at the reporting site AND Patient has metastatic disease at diagnosis: G9838 AND Anti-EGFR monoclonal antibody therapy: G9839</td>
<td>RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb (G9840)</td>
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<tr>
<td>Measure #</td>
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<tr>
<td>452</td>
<td>Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies</td>
<td>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies</td>
<td>None</td>
<td>None</td>
<td>Patients aged ≥ 18 years on date of encounter AND Diagnosis of colon or rectal cancer (ICD-10 CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20 AND Patient encounter during the performance period: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 AND Two or more encounters at the reporting site AND Patient has metastatic disease at diagnosis: G9842 AND RAS (KRAS or NRAS) gene mutation: G9843</td>
<td>Patient did not receive anti-EGFR monoclonal antibody therapy ((Anti-EGFR monoclonal antibody-cetuximab or panitumumab) G9844)</td>
</tr>
<tr>
<td>Measure #</td>
<td>Measure Title</td>
<td>Measure Description</td>
<td>Denominator Exceptions</td>
<td>Denominator Exclusion</td>
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<td>453</td>
<td>Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (Lower score - Better)</td>
<td>Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life (Lower score - Better)</td>
<td>None</td>
<td>None</td>
<td>Diagnosis of cancer AND Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 AND Two or more encounters at the reporting site AND Patients who died from cancer: G9846</td>
<td>Patient received chemotherapy in the last 14 days of life (G9847)</td>
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<td>457</td>
<td>Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (Lower score - Better)</td>
<td>Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there (Lower score - Better)</td>
<td>None</td>
<td>None</td>
<td>Diagnosis of cancer AND Patient encounter(s) during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 AND Two or more encounters at the reporting site AND Patient enrolled in hospice: G9858 AND Patients who died from cancer: G9859</td>
<td>Patient spent less than three days in hospice care (G9860)</td>
</tr>
<tr>
<td>Measure #</td>
<td>Measure Title</td>
<td>Measure Description</td>
<td>Denominator Exceptions</td>
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<td>462 (EHR only)</td>
<td>Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Therapy</td>
<td>Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an annual bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.</td>
<td>None</td>
<td>None</td>
<td>Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater</td>
<td>Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT Treatment</td>
</tr>
</tbody>
</table>