

### Inappropriate Use of Bone Scan for Staging Low-Risk Prostate Cancer Patients

*This measure is to be reported **each time** a male patient with prostate cancer receives interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy during the reporting period.*

#### 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: PSA  $\leq$ 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 clinical stage T2c or greater; and not qualifying for very high risk

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

- Whether or not the patient had a bone scan performed 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).