

## Review of Treatment Options in Patients with Clinically Localized Prostate Cancer

### Coding Specifications

Codes required to document patient has prostate cancer without a secondary malignant neoplasm diagnosis of a specified site (respiratory, digestive, and of other specified sites) and is receiving interstitial prostate brachytherapy, external beam radiotherapy to the prostate, radical prostatectomy, or cryotherapy:

An ICD-9 diagnosis code for prostate cancer without an ICD-9 diagnosis code for a secondary malignant neoplasm and a CPT procedure code are required to identify patients to be included in this measure.

#### Prostate cancer ICD-9 diagnosis codes

- 185 (malignant neoplasm of prostate)

#### WITHOUT

##### ICD-9 diagnosis codes

- 197.0, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8 (secondary malignant neoplasm of respiratory and digestive systems),
- 198.0, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.81, 198.82, 198.89 (secondary malignant neoplasm of other specified sites)

#### AND

##### CPT procedure codes

- 55810, 55812, 55815 (prostatectomy, perineal radical),
- 55840, 55842, 55845 (prostatectomy, retropubic radical, with or without nerve sparing),
- 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing),
- 55873 (cryosurgical ablation of the prostate),
- 77261, 77262, 77263 (therapeutic radiology treatment planning)

Quality codes for this measure (one of the following for every eligible patient):

#### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 4163F:** Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, provided prior to initiation of treatment
- **CPT II 4163F-1P:** Documentation of medical reason(s) for not counseling patient at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, (ie, salvage therapy)
- **CPT II 4163F-8P:** Patient was not provided counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, AND interstitial prostate brachytherapy, AND external beam radiotherapy, AND radical prostatectomy, reason not otherwise specified

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