

Plan for Chemotherapy Documented Before Chemotherapy Administered

Coding Specifications

Codes required to document patient has cancer is receiving chemotherapy:

An ICD-9 diagnosis code for cancer and a CPT E/M service code and a CPT procedure code are required to identify patients to be included in this measure.

Breast, colon, or rectal cancer ICD-9 diagnosis codes

- 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.2, 154.3, 154.8 (digestive organs and peritoneum cancer),
- 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (bone, connective tissue, skin and breast cancer),

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient)

AND

CPT procedure codes

- 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521, 96522, 96523, 96542, 96549 (chemotherapy administration)

Quality codes for this measure (at least 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 0519F:** Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen
- **CPT II 0519F-8P:** Plan for chemotherapy not documented, reason not otherwise specified

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