

Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

Coding Specifications

Codes required to document patient has breast cancer and a visit occurred:

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

Breast cancer ICD-9 diagnosis codes

- 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9 (female breast cancer)

AND

CPT E/M service codes

- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

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

G-Code descriptors

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

- **G8379:** Documentation of radiation therapy recommended within 12 months of first office visit
- **G8378:** Clinician documentation that patient was not an eligible candidate for radiation therapy measure
- **G8383:** No documentation of radiation therapy recommended within 12 months of first office visit

Adapted from the ASCO/NCCN Quality Measures.

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