Plan for Chemotherapy Documented Before Chemotherapy Administered

This measure is to be reported for all patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy — a minimum of once per reporting period.

Measure description

Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy for whom the planned chemotherapy regimen (which includes, at a minimum: drug(s) prescribed, dose, and duration) is documented prior to the initiation of a new treatment regimen.

What will you need to report for each patient, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are receiving intravenous chemotherapy?

If you select this measure for reporting, you will report:

- Whether or not you documented a planned chemotherapy regimen (including at a minimum: drug(s) prescribed, dose, and duration) prior to initiation of a new treatment regimen.

What if this process or outcome of care is not appropriate for your patient?

- Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.
### PQRI Data Collection Sheet

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Practice Medical Record Number (MRN)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Provider Identifier (NPI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Information

**Step 1 Is patient eligible for this measure?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any patient regardless of age.</td>
<td></td>
<td></td>
<td>Verify date of birth on claim form.</td>
</tr>
<tr>
<td>Patient has a diagnosis of breast, colon, or rectal cancer.</td>
<td></td>
<td></td>
<td>Refer to coding specifications document for list of applicable codes.</td>
</tr>
<tr>
<td>There is a CPT E/M Service Code for this visit and a CPT Procedure Code for chemotherapy administration.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If No is checked for any of the above, STOP. Do not report a CPT category II code.

**Step 2 Does patient meet the measure?**

<table>
<thead>
<tr>
<th>Planned Chemotherapy Regimen, Including at a Minimum: Drug(s) Prescribed, Dose, and Duration</th>
<th>Yes</th>
<th>No</th>
<th>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented, prior to initiation of a new treatment regimen</td>
<td></td>
<td></td>
<td>0519F</td>
</tr>
</tbody>
</table>
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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