



Inpatient Quality Reporting Program

Support Contractor

External Beam Radiotherapy for Bone Metastases Questions and Answers Transcript

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- Question 1:** Is denosumab a contraindication?
- Answer 1:** Basically, injectables try to increase bone strength. No, it's actually not a contra- indication at all. So it's a very good question, but no concerns there.
- Question 2:** The existing measure set only has ICD9 codes, I believe. Is there an existing ICD10 crosswalk? Also, is there a paper abstraction tool that has been created for this, as with the other OCMs?
- Answer 2:** There is. If you look at the QualityNet website, under the Hospital Inpatient Quality Reporting Program, click on that tab. Then go down to a link for the Specifications Manual. There is, for the newest version of the specifications manual, there is a link for the ICD-9 to ICD-10 crosswalk. I would need to double-check and confirm whether or not the ICD-9 code that we were talking about in this webinar, whether or not it is represented on that crosswalk. So that's a good question. I will follow up on that.

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Correction to Answer 2: If you look at the QualityNet website and hover over the *Hospitals-Inpatient* top menu tab, select the *Specifications Manual* tab from the drop down menu. Then go down to a link for the Specifications Manual. There is, for the newest version of the specifications manual, there is a link for the ICD-9 to ICD-10 crosswalk.

Follow-up to Question 2: The crosswalk on the QualityNet website does not include the ICD-9 code of 198.5 for Secondary Malignant Neoplasm of Bone and Bone Marrow. This is probably because the crosswalk only includes the codes applicable to the diagnoses covered by the Specifications Manual. Searching the Internet and looking at one of the coding resources for ICD-9 codes, this was found:

Convert ICD-9-CM 198.5 to ICD-10-CM

ICD-9-CM 198.5 converts approximately to:

- 2015 [ICD-10-CM C79.51](#) Secondary malignant neoplasm of bone; or
- 2015 [ICD-10-CM C79.52](#) Secondary malignant neoplasm of bone marrow

Note: approximate conversions between ICD-9-CM codes and ICD-10-CM/PCS codes may require clinical interpretation in order to determine the most appropriate conversion code(s) for your specific coding situation.

Reference: www.icd10data.com/Convert/198.5

Answer 2: The paper abstraction tool is going to be the data collection tool that we showed on slide #13.

Question 3: Can you please provide clarification regarding the “system” and “medical” exclusions for the denominator, and how they should be documented?

Answer 3: The medical and systems exclusions do not apply to the EBRT measure. It applies only to the OCM measures: O-389, and I believe it was O-3902. So those are the two measures to which the medical and systems exclusions apply. It doesn't apply to the EBRT measures.

Question 4: Can you please provide additional clarification regarding “other medical reasons” as possible exclusions, to ensure for consistency across reporting?

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Answer 4: “Other medical reasons” could include patient reasons such as treatment decline/refusal, economic, social or religious reasons, or other documented patient reasons.

Additional information from Dr. Lutz:

I’m not sure that we ever did specify “other medical reasons” in the initial measure. I believe that it was meant to acknowledge that some patients with poor performance status become unable to go through the process of setting-up and starting treatment, especially if they are actively dying from the other manifestations of their disease. In short, I believe that it was meant to be a general rather than a specific clarifier.

Question 5: Can we get ICD-9/CPT codes for all of the denominator criteria, i.e., surgical stabilization procedures, spinal cord compression, cauda equina compression, radicular pain, etc.? This would be helpful. Otherwise we are going to have to manually review the charts.

Answer 5: In response to this question, some of the requested ICD-9/CPT codes can vary, depending on more patient and clinical specific information. For example, for surgical stabilization procedures the appropriate code(s) will depend on the location of the stabilization, the operative approach, number of spinal levels involved, and type of stabilization. For spinal cord compression there is the code 336.9; for cauda equine compression, code 344.61; for radicular pain, code 729.2.

We will compile a list of these ICD-9/CPT codes and provide those for reference.