Outpatient Quality Reporting Program

Support Contractor

An Introduction to OP-33: External Beam Radiotherapy for Bone Metastasis

Questions & Answers

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Question: When will the OP-26 surgical procedure list be released?

Answer: The surgical procedure codes needed for reporting 2015 encounters during 2016 are in Specifications Manual 8.1. You can download the manual at QualityNet.org.

Question: How can I get added to the ListServe?

Answer: Go to QualityNet.org and click on Notifications and Discussions. Put in your User Information, and then select the Program Notifications you wish to subscribe to.

Question: If our facility does not do outpatient external beam radiation therapy, do we still have to report zero cases to CMS in the QualityNet Secure Portal?

Answer: If your facility does not perform EBRT, you will enter zeros in the online submission tool.

Question: If the physician documents that the plan is to complete 10 fxns of 30Gy, but for that particular admission encounter the treatment ordered is only 1 fxn of 3Gy because the remaining treatments will be administered in

subsequent admissions, does that record pass, or must documentation indicate that 30Gy/10 fxns is given during that particular admission? How do we know if the patient will end up receiving the other treatments at the point in time when we are reviewing that record? Note: this was not an *order* for 30 Gy/10 fxns; rather, it was information found in a physician's *note* of the intent for treatment. If it was not an order, is that still acceptable documentation?

Answer: As the intent of this measure is to determine the percentage of patients who are prescribed the recommended fractionations, this patient would be included in the denominator if the EBRT ordered, 1 fxns of 3Gy, was the first fractionation of the physician plan for a 30Gy/10fxn scheme. You note that the plan was to provide this scheme and that order was for just one of the fractionations in a planned series, so this patient would be included. The patient does not need to complete the full treatment plan in order to meet the requirements of the measure.

Question: When will the OP-33 EBRT measure be reported?

Answer: OP-33 2016 data will be reported in 2017 via the online submission tool. You can submit your data to QualityNet starting January 1, 2017 through May 15, 2017. OP-33 will be reported annually as a web-based measure.

Question: Why is OP-33 approached differently than the other measures?

Answer: The OP-33 measure is a chart-abstracted, web-based measure, much like OP-29 and OP-30. The approach is defined by the measure writers. You may refer to the reference slide towards the end of the presentation for further information on the measure specifics.

Question: Are the bone metastases diagnosis codes C79.51 and .52 primary, or both primary and secondary?

Answer: The diagnosis codes C79.51 and C79.52 may be in any position on the claim, but you do not need both codes. The diagnosis code can be C79.51 *or* C79.52.

Question: Will the new changes to the exclusion criteria be added to the measure information form? If so, by when can we expect the updated MIF (i.e., the use of physician documentation if ICD-10 or CPT codes are not available to identify exclusions and excluding if part of a clinical study only if the study was related to radiation)?

Answer: Specifications Manual version 9.0a has been updated to include the OP-33 changes. In the meantime, for reference on these particular exclusions and other items, please view the OP-33 fact sheet recently uploaded to qualityreportingcenter.com.

Question: Does it matter if the patients' location is not in the hospital? Example: they may be getting treatment in a clinic or hospital outpatient area. What if the patient is in the hospital as an inpatient?

Answer: If the outpatient clinic bills under the hospital's CCN, then the hospital is responsible for reporting those patients. Only patients in outpatient status are reported under this measure.

Question: Does the radiosurgery and SBRT apply to the specific bony met being treated by the EBRT? When can this have occurred?

Answer: Yes, previous radiation treatment to the same anatomic site is the exclusion. If the patient has received any type of radiation to a different anatomic site, they may be included in this measure. There is no specific timing regarding the re-treat, but when abstracting the chart, you would want to look for the words "re-treat" or "re-irradiation" that may indicate that the site and metastases now being treated with EBRT was previously treated with radiation.

Question: When you say "all patients regardless of age," are you are saying non-Medicare patients as well?

Answer: That is correct; this measure covers Medicare and non-Medicare.

Question: All of these patients are entered into the Tumor Registry. Would you please clarify if these are considered a "registry" study for the denominator?

Answer: The OP-33 measure information form states that one of the denominator exclusions is "Patients who are part of a prospective clinical protocol or registry study." Being listed in the Tumor Registry is not a registry study.

Question: We find lots of people are getting EBRT, but coders aren't mandated to use those CPT codes; therefore, our volume is low. What should we do?

Answer: You may want to work with your coders/administration to come up with a solution so that your data best reflects your facility's processes.

Question: What is the definition of a surgical stabilization procedure?

Answer: A fracture at the metastasis site that has gone through a bone stabilization procedure for the fracture.

Question: Will there be a Specifications Manual for the abstraction elements?

Answer: The measure information form (MIF) is displayed in the Specifications Manual 9.0a. This is where you will find the abstraction elements.

Question: To clarify, for a 16Gy/1fxn, I would answer "No" to recommended fractionation scheme and then note if there is a medical or patient reason?

Answer: That fractionation scheme is not one of the recommended schemes for this measure. If none of the specific denominator exclusions were found in the documentation, the case would be in the denominator population but not in the numerator.

Question: Should OP-33 be approached consistent to OP-29 and OP-30 for abstraction, i.e., look for denominator criteria first, numerator second, and then denominator exclusions to reduce abstractor burden?

Answer: Yes, that's correct. OP-33 is a chart-abstracted, web-based measure and can be approached in the same manner as OP-29 and OP-30.

Question: Is radiosurgery and SBRT (with codes) the only way to identify patients who have previous radiation to the same site? If not, do we assume that the exclusions for radiosurgery and SBRT refer to a history of those procedures to the same anatomic site?

Answer: For ease of abstraction, you may use the CPT codes to determine if the patient had previously received radiation. If you are unable to exclude using the provided CPT codes, you should review the physician documentation for the terms "re-treat" or "re-irradiation," which would also indicate the patient was treated with EBRT as a secondary radiation treatment to the same site.

Question: Is the sample size unduplicated patients for EBRT to same site?

Answer: Yes, the sample size is unduplicated patients. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Q**uestion:** Is the population count before or after exclusion?

Answer: The population is the number of patients who meet denominator criteria prior to the exclusions being applied.

Question: What should the total population be? I never see this criterion in the Specifications Manual. The total population does not always match the sample population.

Answer: The total population for this measure is the number of patients who meet the denominator criteria prior to applying the exclusion criteria. You would use this number to select your sample size. So, if the total eligible population was greater than or equal to 501, your sample size would be 100. You can find the sampling requirement either on the OP-33 fact Sheet found on qualityreportingcenter.com or in the Population and Sampling section of the Specifications Manual v9.0a, pg. 4-7.

Question: Do excluded cases have to be replaced to make up the appropriate sample size?

Answer: Yes, cases that are excluded from the denominator should be replaced until the minimum sample (or more) is reached.

Question: Does the documentation or ICD-10/CPT coding for the denominator exclusions need to be found on the same encounter for which the patient is receiving the EBRT treatment, or can we get that information from previous encounters in our EMR?

Answer: You may look anywhere in the patient record as long as any exclusion criteria found are directly related to the current area (painful bone metastases) of concern.

Question: Does the "Population per Year" pertain to patients before all the exclusions or after? Should we continue to look for cases to assure we have the minimum number in the denominator after all the exclusions have been applied?

Answer: The population is determined as all patients meeting denominator criteria prior to any exclusion being applied. Yes, as cases are excluded from the denominator, you should continue to sample until you have reached the minimum sample size.

Question: If we do not have any of the codes listed but the physician documents what the code covers, we CAN exclude?

Answer: I think what you are asking is that if you do not have the denominator exclusion code but the physician documents a history of an exclusion, then, yes, you can remove this patient from the denominator.

Question: When collecting from a data source, does it matter what source we abstract from first? Is it okay if we abstract from the radiology report versus the consultation note?

Answer: It doesn't matter which source you abstract from first.

Question: If the sample is 60, does that mean that 60 cases have to stay in the denominator and not be excluded, or if 60 cases are sampled then 20 fall out of the denominator, we have met the sampling?

Answer: As cases are excluded from the denominator, you should keep sampling until you have reached the minimum sample of cases. In your example, if 20 of the 60 cases are excluded, then you would continue to sample until those 20 cases have been replaced.

Question: Since these patient visits are often in a series, or fractions, do we only look at the initial visit?

Answer: Yes. You would abstract the initial encounter. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Question: Will you be sending out examples of questions?

Answer: We do have a flowchart currently on the qualityreportingcenter.com website that you are more than welcome to utilize. We also have a fact sheet available. We are looking into providing additional tools in the future.

Question: Will you email us a transcript of this question and answer period please? I can't write fast enough.

Answer: The transcripts of the presentation, the Q&As from the chat box, and the audio recording are all posted on qualityreportingcenter.com under the Archived Events tab. They are usually posted within a few weeks, along with the presentation slides.

Question: So, you cannot start entering data until January 2017?

Answer: Correct. Data entry for OP-33 does not begin until the web-based submission period of January 1 – May 15, 2017.

Question: If a patient has multiple visits for the EBRT, do you just abstract the first visit? The second would be the patient receiving the second dose?

Answer: Yes, this series of treatments would count as one episode. If the order is acceptable for the recommended dosing scheme and there are no documented exclusions, then this episode will be in the denominator and numerator.

Question: Do we have to sample from each month or just complete the sample size over the course of the year?

Answer: While you are not required to sample on a monthly basis, we recommend that you spread your sample over time so that it is not skewed and is representative of your hospital's caseload.

Question: For patients seen with bone mets and a diagnosis of multiple myeloma, the physicians are coding these patients as multiple myeloma and not as C79.51 or C79.52; therefore, they would not be included in the denominator. Is this correct? Should they be coded as bone mets instead of multiple myeloma?

Answer: Every diagnosis the patient has should be coded. If the patient was diagnosed and treated for bone mets, they must have the appropriate ICD-10 code. You may need to speak with your team in regard to coding practices so that this data can be properly collected.

Question: What if a patient is discharged due to starting hospice; are they still in the denominator? Would they meet the measure if they have a plan at a recommended rate?

Answer: Yes and yes. If the patient met the denominator criteria and had no denominator exclusions, they would be included in your denominator. If the patient met the numerator criteria and had one treatment and then started hospice and never came back, they are still included in your denominator and numerator. Completion of the fractionation scheme is not a requirement of this measure.

Question: Do these patients get 30gy/10fxns in one encounter?

Answer: No. Gy refers to the dose; fxns refers to the number of treatments. So, 30 Gy would be delivered over the course of 10 different treatments of 3Gy/1fxn.

Question: To clarify, similar to OP-29/30, if the patient is excluded, we do not count them toward our sample size, is that correct?

Answer: That is correct. Patients that are excluded from the denominator are not counted in the sample. Continue to sample, replacing those cases that were excluded, until you reach the minimum sample size.

Question: Admission date and outpatient encounter date should be the date of the first EBRT treatment?

Answer: Admission date and encounter date are not elements of this measure. The date of the initial EBRT encounter can be determined by chart abstraction or as the first in a series of encounters.

Question: Where can you find definitions for "femoral axis cortical involvement," "surgical stabilization," and "prospective clinical protocol or registry"?

Answer: Femoral axis cortical involvement is determined by imaging studies and is used to determine a treatment plan; surgical stabilization is a procedure used to stabilize a fracture, and in this case, the fracture would have been caused by the metastatic lesion.

Question: For the sampling size, are we to include all patients receiving EBRT or just those patients with the bone mets receiving EBRT?

Answer: The measure states percentage of patients, regardless of age, with painful bone mets who receive EBRT with an acceptable fractionation scheme. So, patients receiving EBRT to any site other than bone would not have been considered eligible for this measure.

Question: Will a summary of the Q&As be sent or available to participants?

Answer: The Q&As will be posted at www.qualityreportingcenter.com in the next few weeks.

Question: EBRT is not performed at our hospital but offsite at our Cancer Center. We did some research and contacted the data person there, and she advised that the information is not entered into our EHR but tracked in a system that is owned by the physician contractor who provides the radiology oncologist. Therefore, the data for the subject measure is not available to use for abstraction of this measure. Will our facility be penalized? How do we make sure that we are excluded from this measure?

Answer: If your offsite facility bills under the hospital's CCN, then the hospital will have to report these patients.

Question: We are finding that our coders don't use these codes; what should we do?

Answer: Are you using the updated codes 77402, 77407, or 77412? If you are using the updated codes and still not pulling a population, you may want to discuss with the billing department to see how they are billing these procedures.

Question: Can the ICD-10 code be in a primary or secondary code position for the case to fall into the population?

Answer: The diagnosis codes C79.51 and C79.52 may be in any position on the claim to be included into the measure.

Question: When will these changes be reflected in the Specifications Manual?

Answer: The measure information form, or MIF, is displayed in the Specifications Manual 9.0a. This is where you will find the abstraction elements. Some of the changes have already been updated to the Specifications Manual v9.0a. Subsequent versions of the Specifications Manual will reflect these changes.

Question: Our hospital has patients with qualifying ICD-10 codes, but in the hospital none of these patients have the qualifying CPT codes associated with their bill. The CPT codes do appear on the bill from our provider practice. Will we report zero qualifying patients, or will we need to abstract the records?

Answer: Are you using the updated codes 77402, 77407, or 77412? If you are using the updated codes and still not pulling a population, you may want to discuss with the billing department to see how they are billing these procedures. If this continues to produce no qualifying records, then, yes, you would report "zero" in the online submission tool.

Question: Is the date related to when the patient receives all treatment? Are these patients billed upon total completion of treatments or with each treatment?

Answer: You would only need to abstract the initial encounter, as completion of the treatment is not a requirement of this measure. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Question: Going forward, will we see an IPP defined for OP-33 to reduce abstractor burden? As the measure is currently defined, if there are denominator exclusions, abstractors must continue to abstract cases to meet the minimum sample size. Chart-abstracted measures that include an IPP definition eliminate this requirement.

Answer: We are unaware of the abbreviation "IPP." You can re-submit your question in the QualityNet Q&A. With IPP defined, we will be able to assist you better.

Question: Clarifying that each case is unduplicated patients?

Answer: Yes, abstract the initial encounter. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population. You would only "duplicate" under those circumstances where the patient was receiving EBRT to more than one anatomic site. Each site would, therefore, be abstracted as a unique entry into the denominator population.

Question: Is the sample size referring to the number required to be in the denominator, or can the sample size also include excluded cases?

Answer: Your sample size is determined by your total population. To obtain your total population, use the CPT and ICD-10 codes as provided on the MIF for determining denominator criteria. This number is your total population. Once you have determined your population, let's say it is 600, you now know you will have to sample 100 cases. You can now apply the exclusion ICD-10 codes to these cases to further refine the cases for abstraction. This would remove the patients with spinal cord compression, cauda equina compression, and /or radicular pain. Sample 100 cases from the cases remaining and supplement from the initial population identified as you remove cases based on the exclusion criteria until you have 100 cases that meet the denominator criteria (no exclusions).

Question: If a patient has SBRT to the lung and comes back for bone mets, are they excluded?

Answer: No, this patient would not be excluded from the measure, as the SBRT treatment is not to the same anatomic site

Question: Data is abstracted on the **first** visit for EBRT treatment only?

Answer: Yes, you would abstract the initial encounter. The information you need in order to determine exclusion criteria can be found in the initial evaluation

and treatment planning phase. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Question: Will the data requirements/sources be made available to the external applications (i.e., Field Instructions in Midas)? Is this in the Specifications Manual yet?

Answer: CMS OQR Program requirements are addressed in the Specifications Manual, and updates are found in the Supplemental Documents.

Question: For denominator exclusions, what is the time frame?

Answer: There is no defined time limit for denominator exclusions, but the denominator exclusions must relate to the current lesion being treated with EBRT. Example: "Treated lung lesion 4 months ago with EBRT but lung lesion is not related to the bone lesions," so this would not be considered an exclusion.

Question: When I have multiple dates with the same billing number, which date would I abstract for OP-33?

Answer: You would abstract the initial encounter. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Question: Most hospitals complete the coding for the patients diagnosis within the typical coding/billing system. The actual "SCRIPT Administration" of the radiotherapy beam is typically coded within the radiology department. These are two completely different coding groups and software. Any suggestions on how hospitals can make this OP-33 identification piece much easier due to the separate coding locations/software being used?

Answer: As each facility's set-up and billing is different, it is difficult to obtain information yourself. Perhaps you could request the radiology department to supply this information or require them to complete the measure requirements and supply you with the information to report.

Question: Should CyberKnife® patients be included?

Answer: No, CyberKnife® is a trade name for SBRT. SBRT is different than EBRT. So, if SBRT is the only treatment being given, then they would be excluded from your denominator. However, if a patient is receiving SBRT to the lung with concurrent EBRT to the spine, this case would not be excluded.

Question: At our facility, our patients are series patients (multiple visits for the same order) for the treatment. Do we pull by discharge?

Answer: You would abstract the initial encounter. All treatments that are generated as a result of the original physician's prescribed treatment plan are grouped into one case and abstracted as one entry into the population.

Question: We are a facility that consigns our physicians from another facility. Would we still be responsible for abstracting these patients since we are the treating facility?

Answer: This is not a physician measure. This is a facility measure through the OQR Program. So, if you perform EBRT at your facility and you are billing under the hospital's CCN, then, yes, this measure would be required to report.

Question: I believe on slide 13 she mentioned that if the services are being charged under our facility name, then we must report. Our data is not available to us through our EHR system; what should we do?

Answer: As each facility set-up and billing is different, sometimes it is difficult to obtain information yourself. Perhaps you could request this information from the department that does have access to the data or require the oncology center to complete the measure requirements and supply you with the information to report. You may not have to report any data other than "zero" if the services are billed under a different CCN than your facility's CCN.

Question: In scenario 3, wouldn't this patient have the potential to be abstracted more than once if ERBT has multiple visits?

Answer: You will likely pull all patients multiple times, but, ultimately, the numerator is dependent on the fractionation scheme prescribed in the initial encounter. Therefore, you would only need to abstract the initial encounter, as all subsequent encounters are generated as a result of this original physician's prescribed treatment plan.

Question: Being a CyberKnife® only facility, would we be excluded from reporting this measure?

Answer: If your facility does not perform EBRT, then you would answer "0" (zero) in the online submission tool.

Question: Is the data source for the treatment scheme the physician notes, or does it have to be the order?

Answer: The physician's documented treatment plan, prescription, or order can be abstracted for the numerator.

Question: Regarding the OP-33 radiotherapy body location identification, are specific locations of the same extremity to be considered the same location

or considered a different location/anatomic site, such as “upper thigh” vs. knee vs. ankle of same extremity?

Answer: The measure information form (MIF) provided by the measure writers references “no previous radiation to same anatomic site,” which, within the context of this measure, would reference the site of the metastatic lesion that has been treated and is generally identified by the bone affected, i.e., femur, ulna, lumbar spine, etc.

Question: If a patient does not have a current diagnosis of one of the exclusions but has a history of one of the exclusions, are they excluded?

Answer: Yes, documentation of a history of one of the exclusions is acceptable, but the exclusion must relate to the current bone metastases. So, if the patient had cauda equina compression from spinal metastases in 2014 and now presents with a right ulnar metastases, the history of cauda equina would not exclude this case.

Question: If I have enough patients in the first 2 quarters of the year, do I have to collect any patients for the last 2 quarters?

Answer: No. You are only responsible for the sample size number based on the facility’s yearly total population. We do recommend that you spread your sample over time so that your data it is not skewed and is representative of your hospital's caseload.

Question: When the deadline arrives, what information is reported for the patients that meet the criteria?

Answer: The QualityNet tool has been set up similar to OP-29 and 30. No patient information is reported; only total population, numerator and denominator are reported.

Question: FYI: when signing up for the ListServe, it won't connect. Several tried, none got registered. What should we do?

Answer: QualityNet is updating their data center, and this may be the problem. Try to register again in early April. If you continue to experience problems, please contact QualityNet at 866.288.8912.