FACT SHEET FOR OP-33: EXTERNAL BEAM RADIOTHERAPY FOR BONE METASTASES

**Description:** Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme.

**Denominator:** All patients with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT. The denominator criteria for OP-33 can be determined by claims submitted with ICD-10-CM codes C79.51 or C79.52 and CPT® codes 77402, 77407, or 77412.

**Numerator:** All patients, regardless of age, with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, and 8Gy/1fxn.

- **Do** consider all encounters that result from a single treatment plan as one case.
- **Do** abstract treatment with EBRT at two different anatomic sites that have not been previously treated as two separate cases.
- **Do** use the following CPT® and ICD-10-CM codes to exclude cases from the denominator:
  - SRS (77371, 77372, 77432) or SBRT (77373, 77435)
  - Spinal cord compression (ICD-10-CM G95.20 or G95.29)
  - Cauda equina compression (ICD-10-CM G83.4)
  - Radicular pain (ICD-10-CM M54.10 through M54.18)
- **Do** use physician’s documentation of a medical reason to exclude only when the documentation:
  - a) clearly identifies one of the exclusion criteria, and
  - b) references findings from the initial encounter. Examples include:
    - “Patient has previously received radiation treatment to the same anatomic site”
    - “Patient has spinal cord compression”
    - “Patient has radicular pain [at the site of bone metastases]”
    - “Patient is part of a clinical protocol that involves radiation”
    - “Patient has undergone surgical stabilization [of the site of bone metastases]”
- **Do** exclude based on patient reasons including:
  - Documentation of patient declining treatment; or
  - Documentation of economic, social, or religious reasons.
- **Do** include cases when the treatment plan was initiated but not completed.
- **Do not** include patients who receive EBRT for a reason other than bone metastases.
**Sampling Size Requirements Per Year for OP-33**

<table>
<thead>
<tr>
<th>Population Per Year</th>
<th>Sampling Requirements</th>
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</thead>
<tbody>
<tr>
<td>&lt;39</td>
<td>Include all cases</td>
</tr>
<tr>
<td>40–200</td>
<td>40</td>
</tr>
<tr>
<td>201–500</td>
<td>20% of cases</td>
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<tr>
<td>&gt;501</td>
<td>100</td>
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</tbody>
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**Frequently Asked Questions**

Q: Patients receiving EBRT have multiple encounters; which encounter should I abstract for OP-33?
A: Group the encounters together as one case and abstract the initial encounter to determine the physician’s prescribed fractionation scheme.

Q: Do I exclude a case where the patient was previously treated with radiation to the humerus that has now received EBRT to the femur?
A: No. If the EBRT treatment was the first radiation treatment to the femur, this case should not be excluded.

Q: A patient received EBRT, but the physician’s documentation on the initial treatment plan noted this was a “re-treatment.” Should this case be excluded?
A: Yes. When the documentation states the EBRT was prescribed as “re-treatment” or “re-irradiation,” this is an indication that the patient has previously received radiation to the same anatomic site.

Q: Is CyberKnife® or Gamma Knife® considered EBRT?
A: No. These are trade names for Stereotactic Radiosurgery.

Q: Does the exclusion criteria ‘Patients with femoral axis cortical involvement > 3 cm’ apply to all cases?
A: No. This exclusion is specific to patients with femoral metastases and is determined by imaging studies.