Hematology

Measure #3: Multiple Myeloma: Treatment with Bisphosphonates

This measure may be used as an Accountability measure

<table>
<thead>
<tr>
<th>Clinical Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator:</strong> Patients who were prescribed* or received intravenous bisphosphonate therapy** within the 12 month reporting period</td>
</tr>
</tbody>
</table>

Definition: *Prescribed: Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter

Definition: **Bisphosphonate Therapy: Includes the following medications: pamidronate and zoledronate

**Denominator:** All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission

**Denominator Exceptions:**
Documentation of medical reason(s) for not prescribing bisphosphonates (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency)
Documentation of patient reason(s) for not prescribing bisphosphonates

**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Bony manifestations of myeloma, in the form of diffuse osteopenia and/or osteolytic lesions, develop in 85% of patients. Related complications are the major cause of limitations in quality of life and performance status in patients with MM. (NCCN, 2017)

A recent meta-analysis of 20 randomized controlled trials of comparing bisphosphonates with either placebo or a different bisphosphonate as a comparator concluded that adding bisphosphonates to the treatment of MM reduces vertebral fractures and probably pain. (NCCN, 2017)

The NCCN Guidelines for Multiple Myeloma recommend bisphosphonates for all patients receiving myeloma therapy for symptomatic disease regardless of documented bone disease. (Category 1 Recommendation) (NCCN, 2017)

In patients with smoldering or stage I MM, according to the NCCN panel, bisphosphonates may be considered but preferably in a clinical trial. (Category 2A Recommendation) (NCCN, 2017)
**Rationale for the measure:**

Multiple myeloma is a disease characterized by bone destruction, in the form of diffuse osteopenia and/or osteolytic lesions, which develop in a significant number of patients. Bisphosphonates can inhibit bone resorption by reducing the number and activity of osteoclasts.

Bisphosphonates have played an important palliative role in the care of patients with multiple myeloma. Use of these agents has demonstrated benefit in reducing painful bony complications.
Measure Specifications – Measure #3: Multiple Myeloma: Treatment with Bisphosphonates

Administrative Claims/Registry
Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

Denominator (Eligible Population): All patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission

Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for multiple myeloma – not in remission (ICD-10-CM): C90.00, C90.02
AND
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

Numerator: Patients who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period

• Report CPT Category II code: 4100F – Biphosphonate therapy, intravenous, ordered or received

Denominator Exceptions:
Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Documentation of medical reason(s) for not prescribing bisphosphonates (eg, patients who do not have bone disease, patients with dental disease, patients with renal insufficiency)
• Append modifier to CPT Category II code: 4100F-1P

Documentation of patient reason(s) for not prescribing bisphosphonates
• Append modifier to CPT Category II code: 4100F-2P

References