Quality ID #70: Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry – National Quality Strategy Domain: Effective Clinical Care – Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all chronic lymphocytic leukemia (CLL) patients seen during the performance period, regardless of when the diagnosis of CLL is made; the quality action being measured is that the baseline flow cytometry study occurred for each patient with CLL at the time of diagnosis or prior to initiating treatment. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services for patients with the diagnosis of chronic lymphocytic leukemia (not in remission) will submit this measure.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 18 years and older, seen within a 12-month reporting period, with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the performance period

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for CLL – not in remission (ICD-10-CM): C91.10, C91.12
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 had baseline flow cytometry studies performed and documented in the chart

Definition:
Baseline Flow Cytometry Studies – Refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include anti-neoplastic therapy.

NUMERATOR NOTE: *Denominator Exception(s) are determined at the time of the diagnosis of CLL or prior to initiating treatment.*

Numerator Options:

Performance Met:	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment **(3170F)**
OR	
Denominator Exception:	Documentation of medical reason(s) for not performing baseline flow cytometry studies **(3170F *with* 1P)**
OR	
Denominator Exception:	Documentation of patient reason(s) for not performing baseline flow cytometry studies (e.g., receiving palliative care or not receiving treatment as defined above) **(3170F *with* 2P)**
OR	
Denominator Exception:	Documentation of system reason(s) for not performing baseline flow cytometry studies (e.g., patient previously treated by another physician at the time baseline flow cytometry studies were performed) **(3170F *with* 3P)**
OR	
Performance Not Met:	Flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified **(3170F *with* 8P)**

RATIONALE:
Due to the distinct pattern of protein antigens expressed in CLL, flow cytometry should be performed in order to confirm the diagnosis, correctly characterize the pathological cells, and determine prognosis. In some instances, flow cytometry may also offer additional therapeutically relevant information. (DiGiuseppe JA, Borowitz MJ. Clinical utility of flow cytometry studies in the chronic lymphoid leukemias. Semin Oncol. 1998:25(1):6-10.)

CLINICAL RECOMMENDATION STATEMENTS:
The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines:

Adequate immunophenotyping is essential to establish the diagnosis of CLL/SLL by flow cytometry using cell surface markers. Flow cytometry of peripheral blood is adequate for the diagnosis of CLL, and bone marrow biopsy is generally not required. (Category 2A Recommendation) (NCCN, 2019)

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The AMA's and AMA-PCPI's significant past efforts and contributions to the development and updating of the Measure is acknowledged. ASH is solely responsible for the review and enhancement ("Maintenance") of the Measure as of August 15, 2014.

ASH encourages use of the Measure by other health care professionals, where appropriate.

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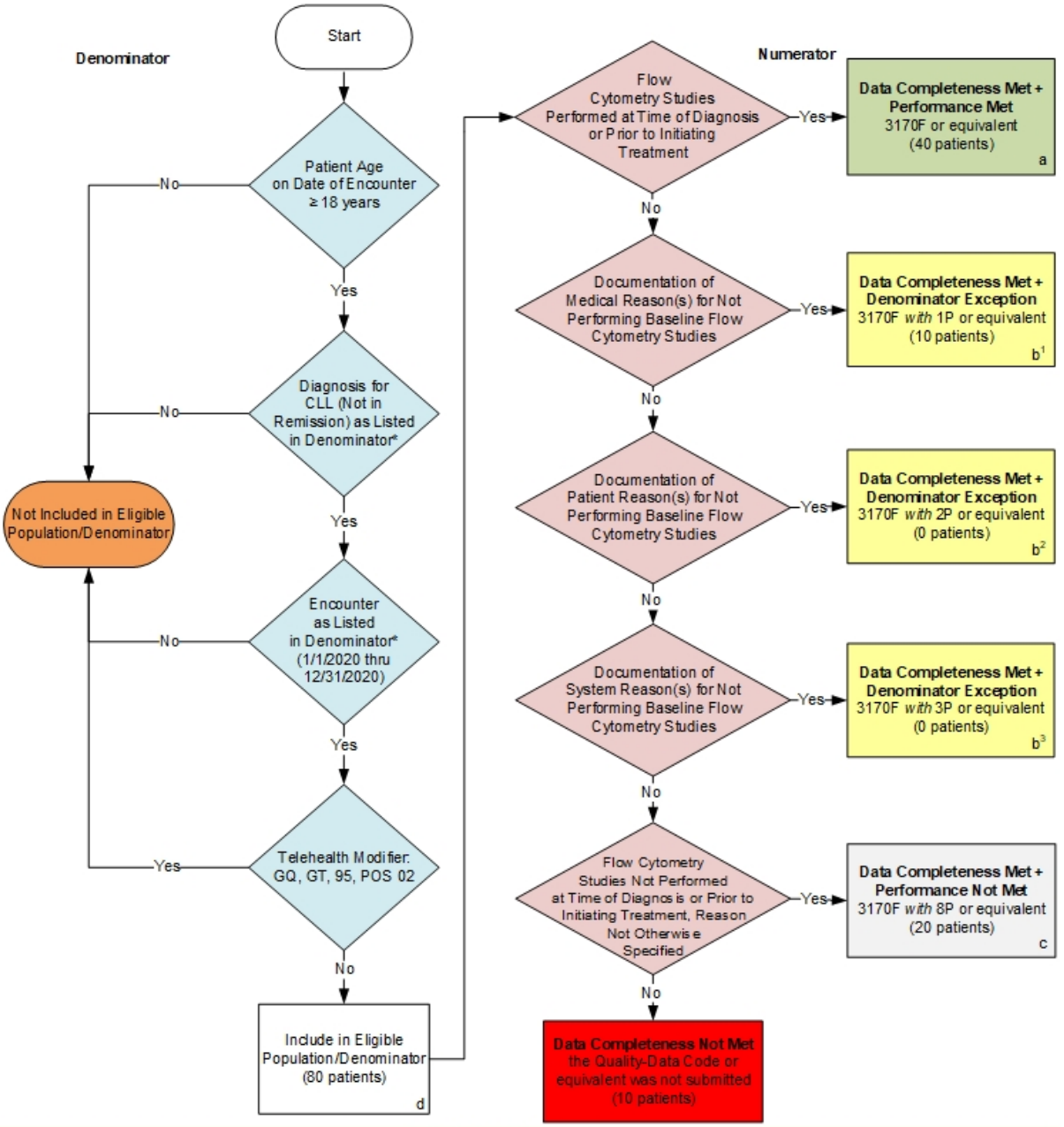
2020 Clinical Quality Measure Flow for Quality ID #70: Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients}) + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$

*See the posted measure specification for specific coding and instructions to submit this measure

NOTE: Submission Frequency: Patient-Process

v4

2020 Clinical Quality Measure Flow Narrative for Quality ID #70: Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry

***Disclaimer**: Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of CLL (Not in Remission) as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis of CLL (Not in Remission) as Listed in Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
    a. If Encounter as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter as Listed in Denominator equals Yes, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, include in Eligible Population.
6. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Flow Cytometry Studies Performed at Time of Diagnosis or Prior to Initiating Treatment:
    a. If Flow Cytometry Studies Performed at Time of Diagnosis or Prior to Initiating Treatment equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Flow Cytometry Studies Performed at Time of Diagnosis or Prior to Initiating Treatment equals No, proceed to check Documentation of Medical Reason(s) for Not Performing Baseline Flow Cytometry Studies.

9. Check Documentation of Medical Reason(s) for Not Performing Baseline Flow Cytometry Studies:

   a. If Documentation of Medical Reason(s) for Not Performing Baseline Flow Cytometry Studies equals Yes, include in Data Completeness Met and Denominator Exception.

   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

   c. If Documentation of Medical Reason(s) for Not Performing Baseline Flow Cytometry Studies equals No, proceed to check Documentation of Patient Reason(s) for Not Performing Baseline Flow Cytometry Studies.

10. Check Documentation of Patient Reason(s) for Not Performing Baseline Flow Cytometry Studies:

    a. If Documentation of Patient Reason(s) for Not Performing Baseline Flow Cytometry Studies equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 0 patients in the Sample Calculation.

    c. If Documentation of Patient Reason(s) for Not Performing Baseline Flow Cytometry Studies equals No, proceed to check Documentation of System Reason(s) for Not Performing Baseline Flow Cytometry Studies.

11. Check Documentation of System Reason(s) for Not Performing Baseline Flow Cytometry Studies:

    a. If Documentation of System Reason(s) for Not Performing Baseline Flow Cytometry Studies equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^3 equals 0 patients in the Sample Calculation.

    c. If Documentation of System Reason(s) for Not Performing Baseline Flow Cytometry Studies equals No, proceed to check Flow Cytometry Studies Not Performed at Time of Diagnosis or Prior to Initiating Treatment, Reason Not Otherwise Specified.

12. Check Flow Cytometry Studies Not Performed at Time of Diagnosis or Prior to Initiating Treatment, Reason Not Otherwise Specified:

    a. If Flow Cytometry Studies Not Performed at Time of Diagnosis or Prior to Initiating Treatment, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

c. If Flow Cytometry Studies Not Performed at Time of Diagnosis or Prior to Initiating Treatment, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients}) + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^1+b^2+b^3=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$