

**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

**2021 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  $\geq$  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):** 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:***

Baseline 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:***

Baseline 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:

The diagnosis of CLL requires the presence of at least  $5 \times 10^9$  /L monoclonal B-lymphocytes in the peripheral blood and the clonality of B-cells should be confirmed by flow cytometry. (Category 2A Recommendation) (NCCN, 2020)

Flow cytometry of peripheral blood is adequate for the diagnosis of CLL, and bone marrow biopsy is generally not required. (Category 2A Recommendation) (NCCN, 2020)

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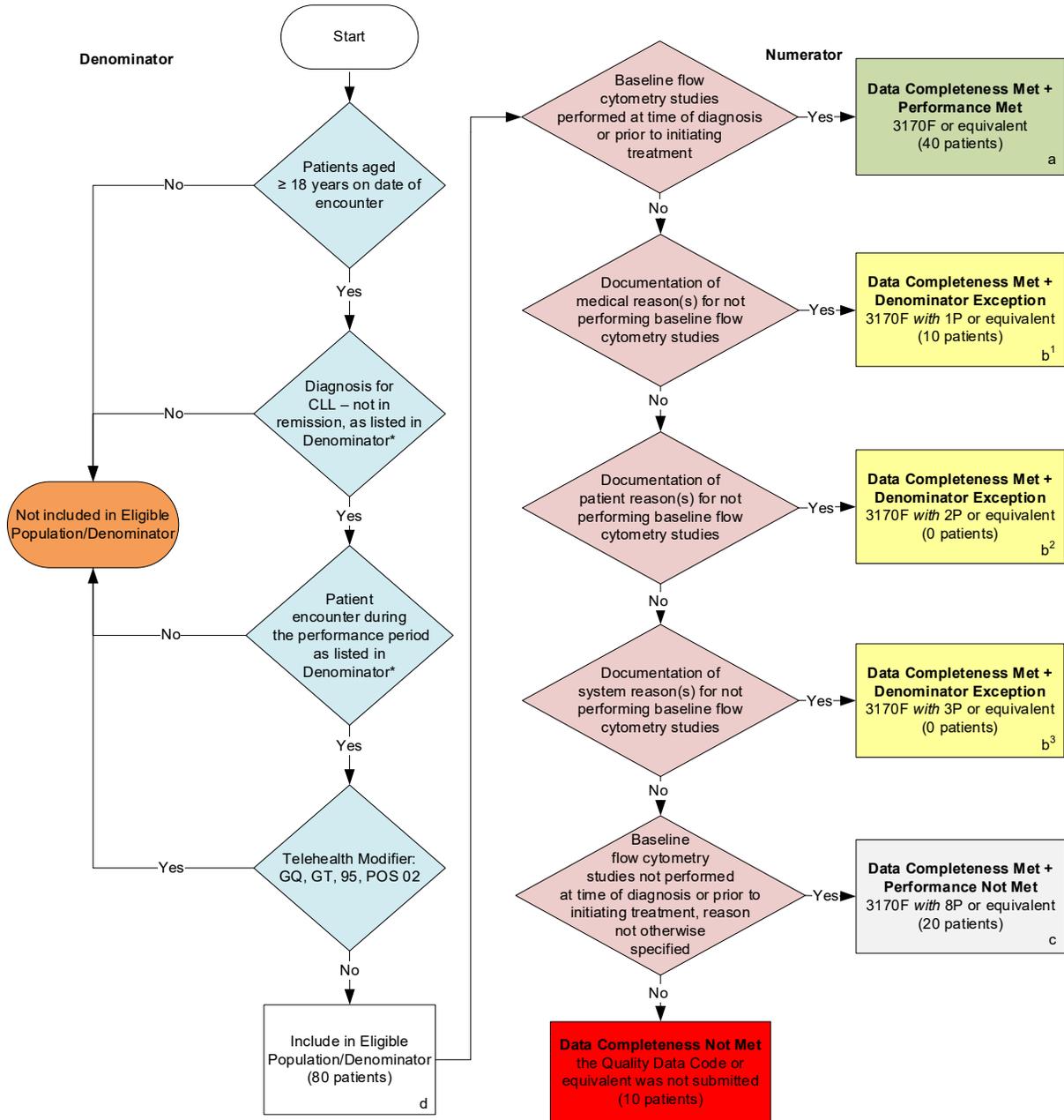
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**2021 Clinical Quality Measure Flow for Quality ID #70:  
Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry**

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



SAMPLE CALCULATIONS			
<b>Data Completeness=</b>			
Performance Met (a=40 patients) + Denominator Exception (b <sup>1</sup> +b <sup>2</sup> + b <sup>3</sup> =10 patients) + Performance Not Met (c=20 patients)	=	70 patients	= 87.50%
Eligible Population / Denominator (d=80 patients)	=	80 patients	
<b>Performance Rate=</b>			
Performance Met (a=40 patients)	=	40 patients	= 66.67%
Data Completeness Numerator (70 patients) – Denominator Exception (b <sup>1</sup> +b <sup>2</sup> + b <sup>3</sup> =10 patients)	=	60 patients	

\*See the posted measure specification for specific coding and instructions to submit this measure  
NOTE: Submission Frequency: Patient-Process

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**2021 Clinical Quality Measure Flow Narrative for Quality ID #70:  
Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry**

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1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
  - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for CLL – not in remission, as listed in Denominator\**.
3. Check *Diagnosis for CLL – not in remission, as listed in Denominator\**:
  - a. If *Diagnosis for CLL – not in remission, as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for CLL – not in remission, as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period 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/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, include in *Eligible Population/Denominator*.
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 *Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment*:
  - a. If *Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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.

- b. If *Baseline 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*.
    - *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<sup>1</sup> equals 10 patients in the Sample Calculation.
  - b. 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*.
    - *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<sup>2</sup> equals 0 patients in the Sample Calculation.
  - b. 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*.
    - *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<sup>3</sup> equals 0 patients in the Sample Calculation.
  - b. If *Documentation of system reason(s) for not performing baseline flow cytometry studies* equals No, proceed to check *Baseline flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified*.
12. Check *Baseline flow cytometry studies not performed at time of diagnosis or prior to initiating treatment, reason not otherwise specified*:
  - a. If *Baseline 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*.
    - *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.

- b. If *Baseline 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 equals Performance Met (a equals 40 patients) plus Denominator Exception ( $b^1$  plus  $b^2$  plus  $b^3$  equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.5 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception ( $b^1$  plus  $b^2$  plus  $b^3$  equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

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