

Quality ID #102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QCM)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients with a diagnosis of prostate cancer at low or very low risk of recurrence. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure for the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once for the specified timeframe. If more than one QDC is submitted during the episode time period, performance shall be calculated by using the most advantageous QDC.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to

identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy.

Definitions:

Risk Strata: Very Low, Low, Intermediate, High, or Very High

Very Low/Low Risk – PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1 to T2a.

Intermediate Risk – PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2-3; OR clinical stage T2b to T2c.

High/Very High Risk – PSA > 20 ng/mL; OR Gleason score 8 to 10/Gleason grade group 4-5; OR clinically localized stage T3 to T4 (adapted from the National Comprehensive Cancer Network, 2018).

External beam radiotherapy – “external beam radiotherapy” refers to 3D conformal radiation therapy, intensity modulated radiation therapy, stereotactic body radiotherapy, and proton beam therapy.

DENOMINATOR NOTE:

Most recent risk assessment of recurrence completed before the first prostate cancer treatment during the performance period will be used for denominator eligibility. In 2022, the American Urological Association published guidance recommending that clinicians not perform bone scan in asymptomatic patients with low or favorable intermediate risk prostate cancer. However, this quality measure remains focused on patients with low (or very low) risk of recurrence.

Denominator Criteria (Eligible Cases):

Any patient, regardless of age

AND

Diagnosis for prostate cancer (ICD-10-CM): C61

AND

Patient encounter during the performance period (CPT): 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55868, 55869, 55875, 55877, 55880, 55881, 55882, 77427, 77435, 77772, 77778, 77799

WITHOUT

Encounters conducted via telehealth: M1426

AND

Low (or very low) risk of recurrence, prostate cancer: G9706

NUMERATOR:

Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Definition:

Bone scan – “bone scan” refers to the conventional technetium-99m-methyl diphosphonate bone scan as well as 18F-sodium fluoride or prostate-specific membrane antigen (PSMA) PET/CT scan.

Numerator Instructions:

A higher score indicates appropriate treatment of patients with prostate cancer at low (or very low) risk of recurrence.

NUMERATOR NOTE:

Denominator Exception(s) are determined any time after diagnosis of Prostate Cancer.

Numerator Options:

Performance Met:

Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (3270F)

OR

Denominator Exception:

Documentation of medical reason(s) for performing a bone scan (including documented pain related to prostate cancer, salvage therapy, other medical reasons) (M1427)

OR

Denominator Exception:

Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician) (3269F with 3P)

OR

Performance Not Met:

Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (3269F)

RATIONALE:

Multiple studies have indicated that a bone scan is not clinically necessary for staging prostate cancer with a low (or very low) risk of recurrence and receiving primary therapy. For patients who are categorized as low risk, bone scans are unlikely to identify their disease. Furthermore, bone scans are not necessary for low-risk patients who have no history of bony involvement or if the clinical examination suggests no bony involvement. Less than 1% of low risk patients are at risk of metastatic disease.

While clinical practice guidelines do not recommend bone scans in low risk prostate cancer patients, overuse is still common. An analysis of prostate cancer patients in the Surveillance, Epidemiology and End Results Medicare database diagnosed from 2004-2007 found that 43% of patients for whom a bone scan was not recommended received it (Falchook, Hendrix, & Chen, 2015). The analysis also found that the use of bone scans in low risk patients leads to an annual cost of \$4 million dollars to Medicare. The overuse of bone scan imaging for low risk prostate cancer patients is a concept included on the American Urological Association's (AUA) list in the Choosing Wisely Initiative as a means to promote adherence to evidence-based imaging practices and to reduce health care dollars wasted (NCCN, 2022). This measure is intended to promote adherence to evidence-based imaging practices, lessen the financial burden of unnecessary imaging, and ultimately to improve the quality of care for prostate cancer patients in the United States.

CLINICAL RECOMMENDATION STATEMENTS:

For symptomatic patients and/or those with a life expectancy of greater than 5 years, bone imaging is appropriate for patients with unfavorable intermediate-risk prostate cancer, high-risk and very-high-risk prostate cancer (Eastham, et al., 2022) (Evidence Level: Category 2A).

Clinicians should not routinely perform abdominal pelvic computed tomography (CT) scan or bone scan in asymptomatic patients with low- or intermediate-risk prostate cancer. (Expert Opinion) (American Society of Clinical Oncology, 2021)

Don't perform PET, CT, and radionuclide bone scans, or newer imaging scans in the staging of early prostate cancer at low risk for metastasis.

REFERENCES:

American Society of Clinical Oncology. (2021). *American Society of Clinical Oncology Choosing Wisely*. ACSO. <https://www.asco.org/news-initiatives/current-initiatives/cancer-care-initiatives/value-cancer-care/choosing-wisely>

American Urological Association. (2019). A routine bone scan is unnecessary in men with very low-risk or low-risk prostate cancer. <http://www.choosingwisely.org/clinician-lists/american-urological-association-routine-bone-scans-with-low-risk-prostate-cancer/>

Eastham, J., Aufferberg, G., Barocas, D., Chou, R., Crispino, T., & Davis, J. (2022, July 1). Clinically Localized Prostate

Cancer: AUA/ASTRO Guideline, Part I: Introduction, Risk Assessment, Staging, and Risk-Based Management. *Journal of Urology [Internet]*, 208(1), 10–8. <https://doi.org/10.1097/JU.0000000000002757>

Falchok, A. D., Hendrix, L. H., & Chen, R. C. (2015). Guideline-discordant use of imaging during work-up of newly diagnosed prostate cancer. *Journal of Oncology Practice*, 11(2), e239-e246. doi:10.1200/jop.2014.001818

National Comprehensive Cancer Network. (2022). *Clinical Practice Guidelines in Oncology: Prostate Cancer*. Retrieved from National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

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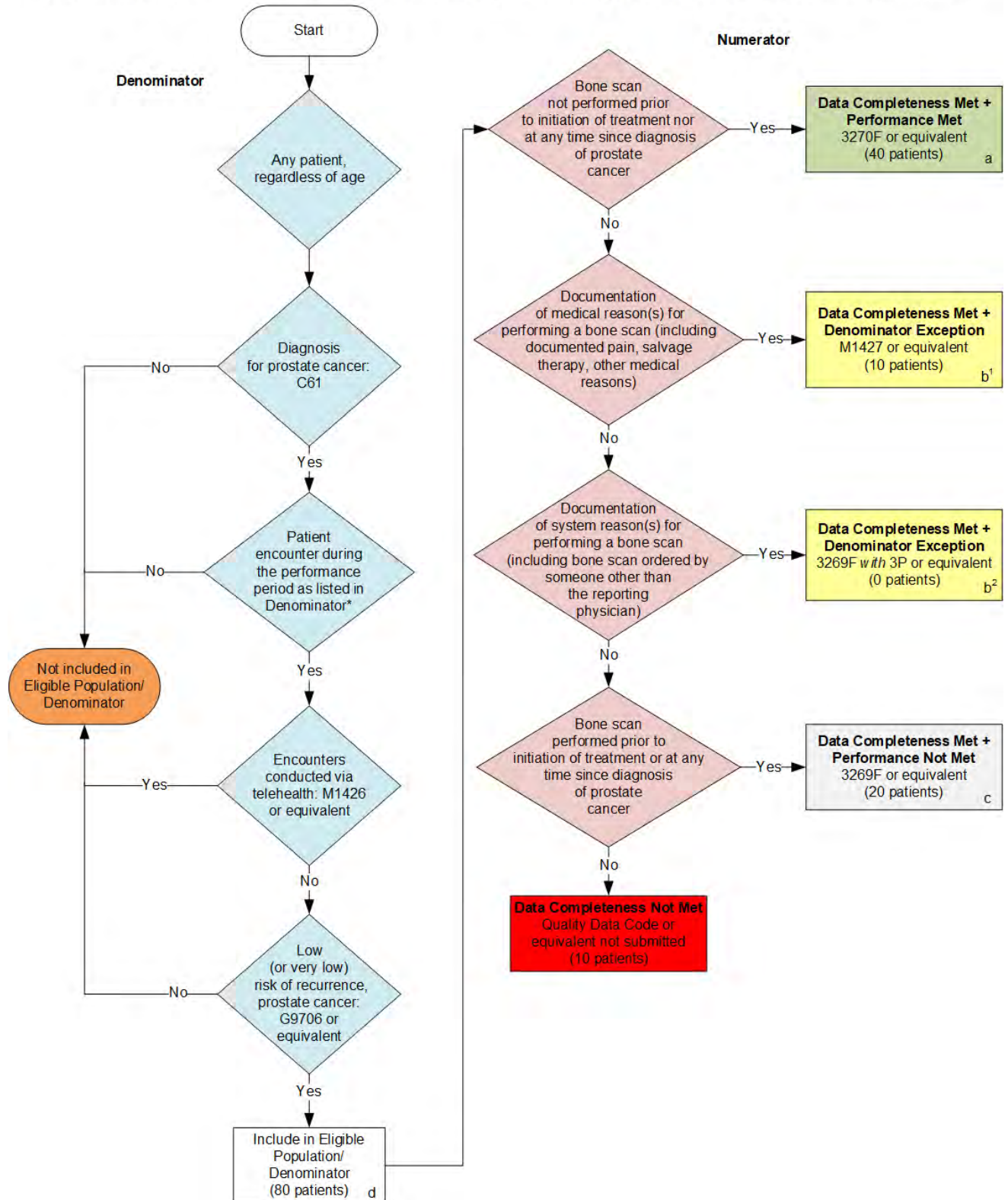
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The Physician Consortium for Performance Improvement's (PCPI) and American Medical Association's (AMA) significant past efforts and contributions to the development and updating of the Measure is acknowledged.

**2026 Clinical Quality Measure Flow for Quality ID #102:
Prostate Cancer: Avoidance of Overuse of Bone Scan for
Staging Low Risk Prostate Cancer Patients**

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



SAMPLE CALCULATIONS

Data Completeness=

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

Performance Rate=

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

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

NOTE: Submission Frequency: Patient-Periodic

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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2026 Clinical Quality Measure Flow Narrative for Quality ID #102:

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

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

1. Start with Denominator
2. Check *Any patient, regardless of age*
3. Check *Diagnosis for prostate cancer*:
 - a. If *Diagnosis for prostate cancer* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for prostate cancer* 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 *Encounters conducted via telehealth*.
5. Check *Encounters conducted via telehealth*:
 - a. If *Encounters conducted via telehealth* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Encounters conducted via telehealth* equals No, proceed to check *Low (or very low) risk of recurrence, prostate cancer*.
6. Check *Low (or very low) risk of recurrence, prostate cancer*:
 - a. If *Low (or very low) risk of recurrence, prostate cancer* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Low (or very low) risk of recurrence, prostate cancer* equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population:
 - 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.
8. Start Numerator
9. Check *Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer*:
 - a. If *Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer* 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 *Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer* equals No, proceed to check *Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)*.
10. Check *Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)*:
- a. If *Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)* 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 b¹ equals 10 patients in the Sample Calculation.
- b. If *Documentation of medical reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons)* equals No, proceed to check *Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)*.
11. Check *Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)*:
- a. If *Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)* 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 b² equals 0 patients in the Sample Calculation.
- b. If *Documentation of system reason(s) for performing a bone scan (including bone scan ordered by someone other than the reporting physician)* equals No, proceed to check *Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer*.
12. Check *Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer*:
- a. If *Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer* 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 *Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer* equals No, proceed to check *Data Completeness Not Met*.
13. Check *Data Completeness Not Met*:
- 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 Exceptions (b¹ plus b² 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 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exceptions (b¹ plus b² 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-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.