

## Quality ID #144 (CBE 0383): Oncology: Medical and Radiation – Plan of Care for Pain

### 2026 COLLECTION TYPE:

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

### MEASURE TYPE:

Process – High Priority

### DESCRIPTION:

Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

### INSTRUCTIONS:

#### **Reporting Frequency:**

This measure is to be submitted at each denominator eligible visit 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 cancer currently receiving chemotherapy or radiation therapy. 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 two strata defined by two submission criteria.

This measure produces a single performance rate using a weighted average.

#### **There are 2 Submission Criteria for this measure:**

- 1) All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having pain

OR

- 2) All visits for patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy who report having pain

### **Implementation Considerations:**

For the purposes of MIPS implementation, this visit measure is submitted each time a patient has a denominator eligible encounter during the performance period.

#### **Telehealth:**

##### **SUBMISSION CRITERIA 1:**

**TELEHEALTH ELIGIBLE:** This measure submission criteria is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure submission criteria 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.

##### **SUBMISSION CRITERIA 2:**

**NOT TELEHEALTH ELIGIBLE:** This measure submission criteria is not appropriate for nor applicable to the telehealth setting. This measure submission criteria is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible

patient population. Telehealth eligibility is at the measure submission criteria 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.

#### **SUBMISSION CRITERIA 1: ALL VISITS FOR PATIENTS, REGARDLESS OF AGE, WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING CHEMOTHERAPY WHO REPORT HAVING PAIN**

##### **DENOMINATOR (SUBMISSION CRITERIA 1):**

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having pain.

##### **Denominator Criteria (Eligible Cases) 1:**

All eligible instances when pain severity quantified; pain present (1125F) is submitted in the numerator for Measure #143

##### **AND**

**Diagnosis for cancer (ICD-10-CM):** C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4,

C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C50.A0, C50.A1, C50.A2, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.0, C51.1, C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C60.0, C60.1, C60.2, C60.8, C60.9, C61, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63.8, C63.9, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0, C68.1, C68.8, C68.9, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.50, C69.51, C69.52, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82, C69.90, C69.91, C69.92, C70.0, C70.1, C70.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C73, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C75.0, C75.1, C75.2, C75.3, C75.4, C75.5, C75.8, C75.9, C76.0, C76.1, C76.2, C76.3, C76.40, C76.41, C76.42, C76.50, C76.51, C76.52, C76.8, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, 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C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.00, C86.10, C86.20, C86.30, C86.40, C86.50, C86.60, C88.00, C88.20, C88.30, C88.40, C88.80, C88.90, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30,

C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.40, C94.41, C94.42, C94.6, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.20, C96.21, C96.22, C96.29, C96.4, C96.5, C96.6, C96.9, C96.A, C96.Z, D37.01, D37.02, D37.030, D37.031, D37.032, D37.039, D37.04, D37.05, D37.09, D37.1, D37.2, D37.3, D37.4, D37.5, D37.6, D37.8, D37.9, D38.0, D38.1, D38.2, D38.3, D38.4, D38.5, D38.6, D39.0, D39.10, D39.11, D39.12, D39.2, D39.8, D39.9, D40.0, D40.10, D40.11, D40.12, D40.8, D40.9, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D41.3, D41.4, D41.8, D41.9, D42.0, D42.1, D42.9, D43.0, D43.1, D43.2, D43.3, D43.4, D43.8, D43.9, D44.0, D44.10, D44.11, D44.12, D44.2, D44.3, D44.4, D44.5, D44.6, D44.7, D44.9, D45, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.1, D47.2, D47.3, D47.4, D47.9, D47.01, D47.02, D47.09, D47.Z1, D47.Z2, D47.Z9, D48.0, D48.19, D48.2, D48.3, D48.4, D48.5, D48.60, D48.61, D48.62, D48.7, D48.9, D49.0, D49.1, D49.2, D49.3, D49.4, D49.511, D49.512, D49.519, D49.59, D49.6, D49.7, D49.81, D49.89, D49.9

**AND**

Patient encounter during the performance period (CPT) – Service codes: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**AND**

Patient procedure during the performance period (CPT) – Procedure codes: 50391, 51720, 96401, 96405, 96406, 96409, 96413, 96416, 96420, 96422, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549, G0498

**OR**

Patient on oral chemotherapy during the performance period: M1435

**NUMERATOR (SUBMISSION CRITERIA 1):**

Patient visits that included a documented plan of care to address pain.

**Numerator Instructions:**

A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

**Numerator Options:**

**Performance Met:** Plan of care to address pain documented (0521F)

**OR**

**Performance Not Met:** Plan of care for pain not documented, reason not otherwise specified (0521F *with* 8P)

**OR**

**SUBMISSION CRITERIA 2: ALL VISITS FOR PATIENTS, REGARDLESS OF AGE, WITH A DIAGNOSIS OF CANCER CURRENTLY RECEIVING RADIATION THERAPY WHO REPORT HAVING PAIN**

**DENOMINATOR (SUBMISSION CRITERIA 2):**

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy who report having pain.

**DENOMINATOR NOTE:**

*For the reporting purposes of this measure, in instances where CPT code 77427 is reported, the billing date, which may or may not be the same date as the face-to-face encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face encounter during the series of treatments.*

**Denominator Criteria (Eligible Cases) 2:**

All eligible instances when pain severity quantified; pain present (1125F) is submitted in the numerator for Measure #143

**AND**

**Diagnosis for cancer (ICD-10-CM):** C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, 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C79.9, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.1, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C80.0, C80.1, C80.2, C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, 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D49.511, D49.512, D49.519, D49.59, D49.6, D49.7, D49.81, D49.89, D49.9

**AND**

Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435

## **NUMERATOR (SUBMISSION CRITERIA 2):**

Patient visits that included a documented plan of care to address pain.

### **Numerator Instructions:**

A documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

### **Numerator Options:**

**OR**

***Performance Met:***

Plan of care to address pain documented (0521F)

***Performance Not Met:***

Plan of care for pain not documented, reason not otherwise specified (0521F **with 8P**)

## **RATIONALE:**

Pain is one of the most common and debilitating symptoms reported amongst cancer patients and in fact ICD-11 contains a new classification for chronic cancer-related pain, defining it as chronic pain caused by the primary cancer itself, or metastases, or its treatment. A systematic review found that 55 percent of patients undergoing anticancer treatment reported pain (Van den Beuken-van Everdingen, Hochstenbach, Joosten, Tjan-Heijnen, & Janssen, 2016) and chemotherapy and radiation specifically are associated with several distinct pain syndromes (National Cancer Institute, 2019). Each year, over a million cancer patients in the US receive chemotherapy or radiation (Centers for Disease Control and Prevention, 2022). Severe pain increases the risk of anxiety and depression (National Cancer Institute, 2019) and a recent study showed that cancer patients who reported pain had worse employment and financial outcomes; the greater the pain, the worse the outcomes (Halpern et al., 2022). Cancer patients have also reported that pain interferes with their mood, work, relationships with other people, sleep, and overall enjoyment of life (Moryl, et al., 2018).

Assessing pain and developing a plan of care (i.e., pain management) are critical for symptom control, pain management, and the cancer patient's overall quality of life; it is an essential part of the oncologic management of a cancer patient (National Comprehensive Cancer Network® (NCCN), 2024). However, many oncology patients report insufficient pain control (Dela Pena et al., 2022). A retrospective chart review analysis found an 84 percent adherence to the documentation of pain intensity and 43 percent adherence to pain re-assessment within an hour of medication administration (El Rahi et al., 2017). An observational study found that over half of its cancer patients had a negative pain management index score, indicating that the prescribed pain treatments were not commensurate with the pain intensity reported by the patient (Thronæs et al., 2020). Disparities exist as well, for example, a recent study evaluated opioid prescription fills and potency among cancer patients near end of life between 2007-2019. The study found that while all patients had a steady decline in opioid access, Black and Hispanic patients were less likely to receive opioids than White patients (Black, -4.3 percentage points, 95% CI; Hispanic, -3.6 percentage points, 95% CI) and received lower daily doses (Black, -10.5 MMED, 95% CI; Hispanic, -9.1 MMED, 95% CI) (Enzinger et al., 2023).

The intent of the paired measures *Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified* and *Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain* is to improve pain management, thereby improving the function and quality of life of the cancer patient.

## **CLINICAL RECOMMENDATION STATEMENTS:**

Specific clinical practice guideline recommendations that support this measure are: (NCCN, 2024)

1. Perform pain reassessment at specified intervals to ensure that analgesic therapy is providing maximum benefit with minimal adverse effects, and that the treatment plan is followed.
2. General principles of cancer pain management
  - a. Optimize pain management therapies to improve function and meet patient's goals of care.

- b. Select the most appropriate analgesic regimen based on the pain diagnosis, comorbid conditions, safety, potential drug interactions, estimated trajectory of pain, medication availability, and expense/financial toxicity.
  - c. Analgesic regimen may include an opioid, acetaminophen, nonsteroidal anti-inflammatory drugs, and/or adjuvant analgesics.
  - d. Provide psychosocial support.
  - e. Provide patient and family/caregiver education.
  - f. Optimize integrative interventions and multidisciplinary care.
- 3. Ongoing care & goals of treatment
  - a. Have regular follow-up schedule to monitor pain therapy outcomes.
  - b. Monitor for the use of analgesics as prescribed, especially in patients with risk factors for or history of substance misuse/diversion or cognitive dysfunction.
  - c. Provide written follow-up pain plan, including prescribed medications.
  - d. Routinely reevaluate pain at each contact and as needed to meet patient-specific goals for comfort, function, and safety.
  - e. Instruct the patient on the importance of
    - i. Following documented pain plan.
    - ii. Scheduling and keeping outpatient appointments.
    - iii. Contacting clinician if pain worsens or adverse effects are inadequately controlled, including availability of after-hours assistance to facilitate titration of analgesic.
- 4. Pain intensity rating
  - a. Pain intensity rating scales can be used as part of universal screening and comprehensive pain assessment. At minimum, patients should be asked about "current" pain, as well as "worst" pain, "average" pain, and "least" pain in the past 24 hours.
  - b. For comprehensive assessment, also include "worst pain in past week," "pain at rest," and "pain with movement."
- 5. Comprehensive Pain Assessment
  - a. The goal of comprehensive pain assessment is to find the cause of the pain and identify optimal therapies. Individualized pain treatment is based on the etiology and characteristics of pain, pain trajectory, the patient's clinical condition, and patient-centered goals of care.
- 6. Psychosocial Support
  - a. Describe the mutually agreed upon plan of care to be taken and when results can be expected.

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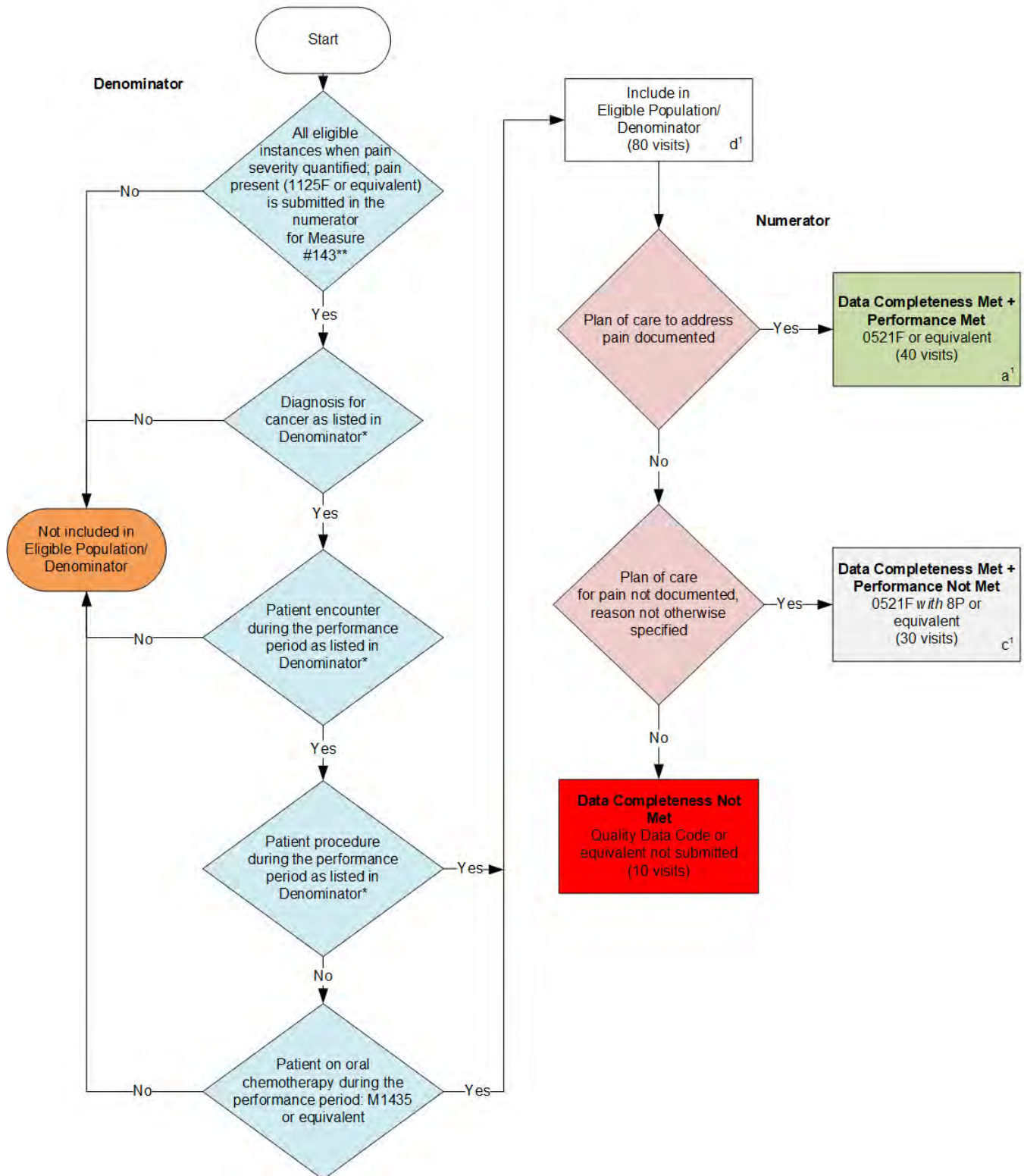
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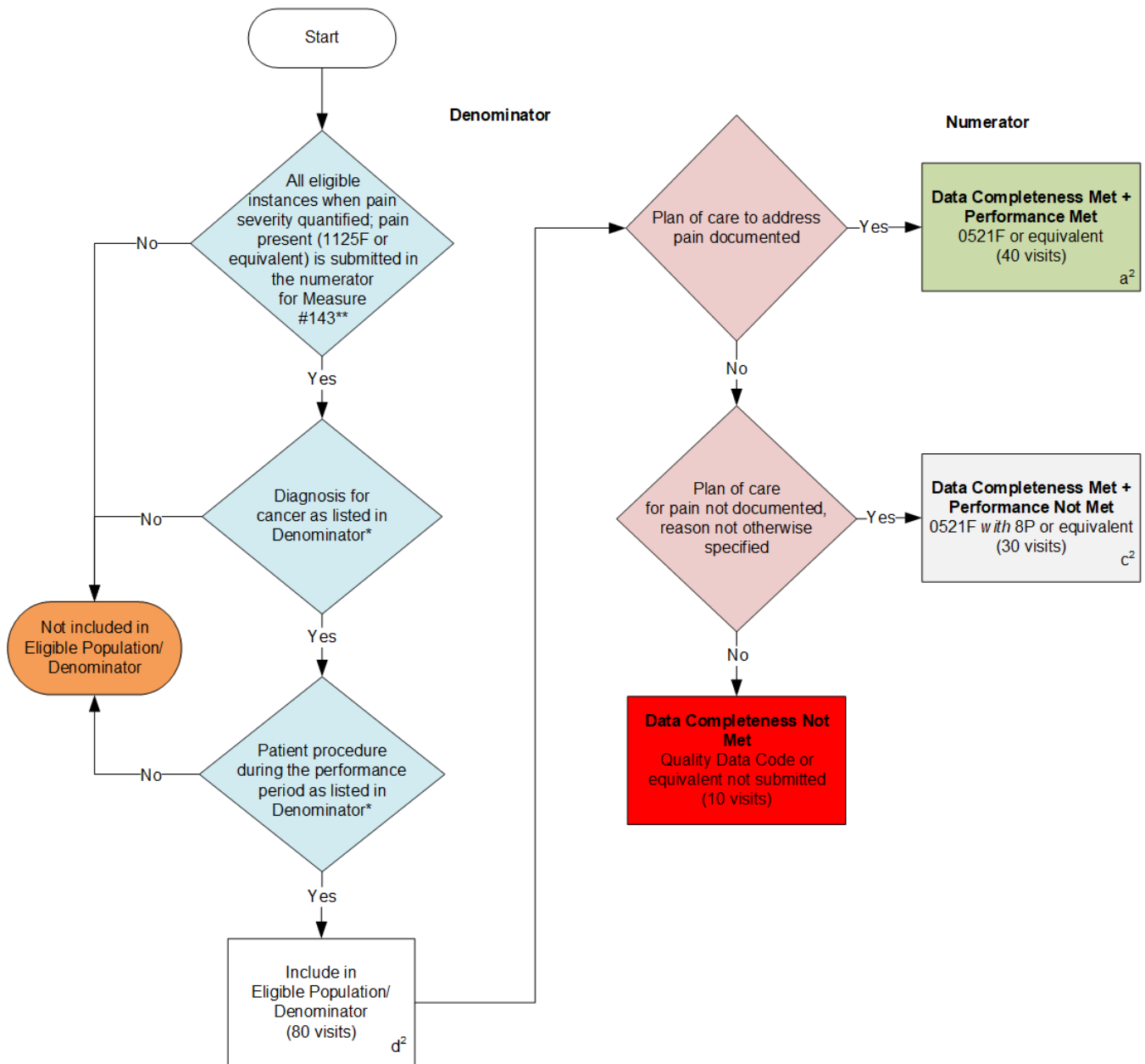
**2026 Clinical Quality Measure Flow for Quality ID #144 (CBE 0383):  
Oncology: Medical and Radiation – Plan of Care for Pain**

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

**Submission Criteria One**



## Submission Criteria Two



### SAMPLE CALCULATIONS

#### Data Completeness=

$$\frac{\text{Performance Met (a}^1 + \text{a}^2 = 80 \text{ visits)} + \text{Performance Not Met (c}^1 + \text{c}^2 = 60 \text{ visits)}}{\text{Eligible Population / Denominator (d}^1 + \text{d}^2 = 160 \text{ visits)}} = \frac{140 \text{ visits}}{160 \text{ visits}} = 87.50\%$$

#### Performance Rate=

$$\frac{\text{Performance Met (a}^1 + \text{a}^2 = 80 \text{ visits)}}{\text{Data Completeness Numerator (140 visits)}} = \frac{80 \text{ visits}}{140 \text{ visits}} = 57.14\%$$

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

\*\*Submitting Measure #143 is a precursor for submitting this measure. Patients where 1125F without modifier or equivalent (pain is present) is submitted in Measure #143 are pulled into the denominator for Measure #144.

NOTE: Submission Frequency: Visit

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #144 (CBE 0383):  
Oncology: Medical and Radiation – Plan of Care for Pain**

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

**Submission Criteria One:**

1. Start with Denominator
2. Check *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\**:
  - a. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\** equals Yes, proceed to check *Diagnosis for cancer as listed in Denominator\**.
3. Check *Diagnosis for cancer as listed in Denominator\**:
  - a. If *Diagnosis for cancer as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for cancer 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 *Patient procedure during the performance period as listed in Denominator\**.
5. Check *Patient procedure during the performance period*:
  - a. If *Patient procedure during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
  - b. If *Patient procedure during the performance period as listed in Denominator\** equals No, proceed to check *Patient on oral chemotherapy during the performance period*.
6. Check *Patient on oral chemotherapy during the performance period*:
  - a. If *Patient on oral chemotherapy during the performance period* equals Yes, include in *Eligible Population/Denominator*.
  - b. If *Patient on oral chemotherapy during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
7. Denominator Population:
  - Denominator Population is all Eligible Visits in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>1</sup> equals 80 visits in the Sample Calculation.

8. Start Numerator
9. Check *Plan of care to address pain documented*:
  - a. If *Plan of care to address pain documented* 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<sup>1</sup> equals 40 visits in the Sample Calculation.
  - b. If *Plan of care to address pain documented* equals No, proceed to check *Plan of care for pain not documented, reason not otherwise specified*.
10. Check *Plan of care for pain not documented, reason not otherwise specified*:
  - a. If *Plan of care for pain not documented, 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 30 visits in the Sample Calculation.
  - b. If *Plan of care for pain not documented, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

#### **Submission Criteria Two:**

1. Start with Denominator
2. Check *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\**:
  - a. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when pain severity quantified; pain present is submitted in the numerator for Measure #143\*\** equals Yes, proceed to check *Diagnosis for cancer as listed in Denominator\**.
3. Check *Diagnosis for cancer as listed in Denominator\**:
  - a. If *Diagnosis for cancer as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for cancer as listed in Denominator\** equals Yes, proceed to check *Patient procedure during the performance period*.
4. Check *Patient procedure during the performance period*:

- a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during the performance period* equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
- Denominator Population is all Eligible Visits in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>2</sup> equals 80 visits in the Sample Calculation.
6. Start Numerator
7. Check *Plan of care to address pain documented*:
- a. If *Plan of care to address pain documented* 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<sup>2</sup> equals 40 visits in the Sample Calculation.
  - b. If *Plan of care to address pain documented* equals No, proceed to *Plan of care for pain not documented, reason not otherwise specified*.
8. Check *Plan of care for pain not documented, reason not otherwise specified*:
- a. If *Plan of care for pain not documented, 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 30 visits in the Sample Calculation.
  - b. If *Plan of care for pain not documented, reason not otherwise specified* equals No, proceed to *Data Completeness Not Met*.
9. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

#### **SAMPLE CALCULATIONS**

Data Completeness equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 visits) plus Performance Not Met (c<sup>1</sup> plus c<sup>2</sup> equals 60 visits) divided by Eligible Population/Denominator (d<sup>1</sup> plus d<sup>2</sup> equals 160 visits). All equals 140 visits divided by 160 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 visits) divided by Data Completeness Numerator (140 visits). All equals 80 visits divided by 140 visits. All equals 57.14 percent.

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

\*\*Submitting Measure #143 is a precursor for submitting this measure. Patients where 1125 F without modifier or equivalent (pain is present) is

submitted in Measure #143 are pulled into the denominator for Measure #144.

NOTE: Submission Frequency: Visit

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.