

Quality ID #453 (CBE 0210): Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better)

2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients who died from cancer receiving systemic cancer-directed therapy in the last 14 days of life.

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients who died of cancer during the measurement year. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services for patients with the diagnosis of cancer 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:

Patients who died from cancer

Denominator Criteria (Eligible Cases):

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, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, 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, 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AND

At least two patient encounters during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

AND

Patients who died from cancer: G9846

NUMERATOR:

Patients who received systemic cancer-directed therapy in the last 14 days of life

Definitions:

Systemic Cancer-directed Therapy – includes:

- All traditional cytotoxic chemotherapy (such as alkylating agents, antimetabolites, plant alkaloids and terpenoids, topoisomerase inhibitors, and antitumor antibiotics);
- Immunotherapy;
- Biologics (such as Herceptin, Rituxan); and
- Targeted agents

Do not include supportive care therapies (e.g., growth factors, bisphosphonates, RANK ligand inhibitors, nausea medications or fluids if these are not given in association with “systemic cancer-directed therapy”). Hormonal therapies and steroids are not included in this systemic cancer directed therapy definition.

Numerator Instructions:

INVERSE MEASURE – A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met:

Patient received systemic cancer-directed therapy in the last 14 days of life (G9847)

OR

Performance Not Met:

Patient did not receive systemic cancer-directed therapy in the last 14 days of life (G9848)

RATIONALE:

Cancer is the second leading cause of death in the United States. (1) Chemotherapy utilization at the end of life is associated with a worse quality of life near death among patients with good baseline performance status (2), ED visits, cardiopulmonary resuscitation, mechanical ventilation, dying in an ICU (3), and higher estimated costs of care (4-5). The 2015 Institute of Medicine report *Dying in America* states that a palliative approach often offers the best chance of maintaining the highest possible quality of life for those living with advanced serious illness (6) and proposes, as a core component to quality end-of-life care, to offer palliative care services and personalize revision of the care plan and access to services based on the changing needs of the patient and family (6). The purpose of this measure is to encourage timely enrollment in palliative care that focuses on symptom management, rather than low utility and aggressive treatments, among dying cancer patients. The ultimate outcome is an improved quality of life, positive death experience, and reduction in resource utilization costs.

Lastly, the National Comprehensive Cancer Network (NCCN) Quality and Outcomes Committee recently reviewed 528 existing oncological quality measures and concepts to identify important cancer quality and outcome measures. Measures and concepts were evaluated according to importance, supporting evidence, opportunity for improvement, and ease of measurement; CBE 0210 was one of seven cross-cutting measures selected for endorsement as a universally appropriate measure to evaluate quality of oncology care. (7)

References:

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(2) Prigerson, H. G., Bao, Y., Shah, M. A., Paulk, M. E., Leblanc, T. W., Schneider, B. J., Garrido, M. M., Reid, M. C., Berlin, D. A., Adelson, K. B., Neugut, A. I., & Maciejewski, P. K.. (2015). Chemotherapy Use, Performance Status, and Quality of Life at the End of Life. *JAMA Oncology*, 1(6), 778. <https://doi.org/10.1001/jamaoncol.2015.2378>

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CLINICAL RECOMMENDATION STATEMENTS:

The National Comprehensive Cancer Network (NCCN) states the following in its Palliative Care guideline:

“In general, patients with weeks to days to live (e.g., dying patients) and comfort-oriented goals should discontinue all treatments not directly contributing to patient comfort. Intensive palliative care focusing on symptom management should be provided in addition to preparation for the dying process. Referral for hospice care should be placed, if not already done” (NCCN, 2023, MS-13).

National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology. Palliative Care, V.2.2023. https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf

ASCO updated the 2012 ASCO Provisional Clinical Opinion (PCO) on the integration of palliative care into standard oncology care and transitioned the content into a guideline recommendation.

Patients with advanced cancer, inpatients and outpatients, should receive dedicated palliative care services early in the disease course and concurrent with active treatment. Referring patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer caregivers of patients with early or advanced cancer to palliative care services.

Ferrel BR, Temel JS, Temin S, et al. Integration of Palliative Care Into Standard Oncology Care: ASCO Clinical Practice Guideline. *J Clin Oncol* 2017; 35:96-112. <https://ascopubs.org/doi/full/10.1200/JCO.2016.70.1474>

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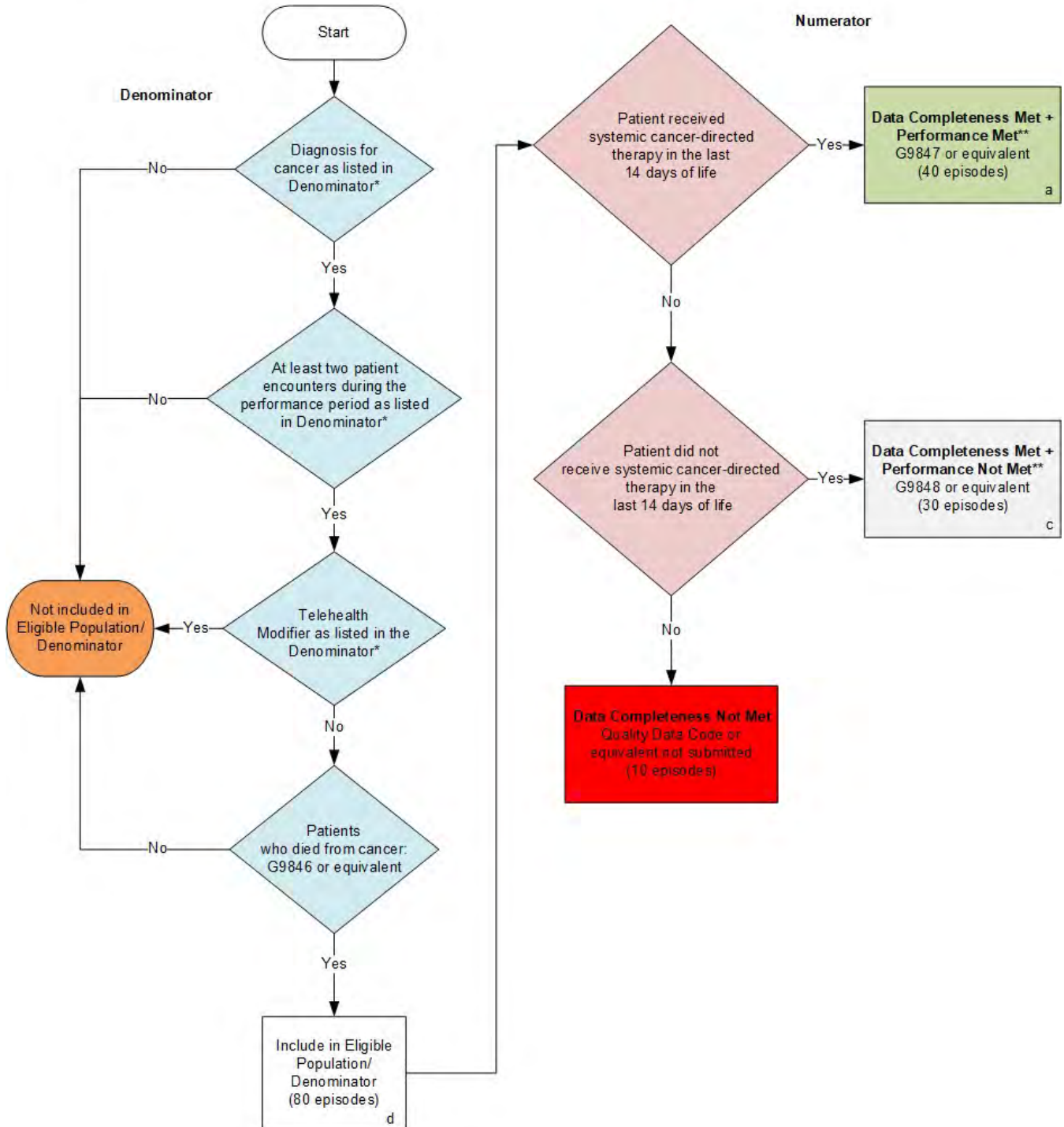
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**2025 Clinical Quality Measure Flow for Quality ID #453 (CBE 0210):
Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy
in the Last 14 Days of Life (lower score – better)**

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



SAMPLE CALCULATIONS

Data Completeness =

$$\frac{\text{Performance Met (a=40 episodes)} + \text{Performance Not Met (c=30 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

Performance Rate =**

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes)}} = \frac{40 \text{ episodes}}{70 \text{ episodes}} = 57.14\%$$

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

**A lower calculated performance rate for this measure indicates better clinical control and care.

NOTE: Submission Frequency: Patient-Periodic

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**2025 Clinical Quality Measure Flow Narrative for Quality ID #453 (CBE 0210):
Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy
in the Last 14 Days of Life (lower score – better)**

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

1. Start with Denominator
2. 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 *At least two patient encounters during the performance period as listed in Denominator**.
3. Check *At least two patient encounters during the performance period as listed in Denominator**:
 - a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier as listed in the Denominator**.
4. Check *Telehealth Modifier as listed in the Denominator**:
 - a. If *Telehealth Modifier as listed in the Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier as listed in the Denominator** equals No, proceed to check *Patients who died from cancer*.
5. Check *Patients who died from cancer*:
 - a. If *Patients who died from cancer* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who died from cancer* equals Yes, include in *Eligible Population/Denominator*.
6. 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 episodes in the Sample Calculation.
7. Start Numerator
8. Check *Patient received systemic cancer-directed therapy in the last 14 days of life*:
 - a. If *Patient received systemic cancer-directed therapy in the last 14 days of life* 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 episodes in the Sample Calculation.

- b. If *Patient received systemic cancer-directed therapy in the last 14 days of life* equals No, proceed to check *Patient did not receive systemic cancer-directed therapy in the last 14 days of life*.
9. Check *Patient did not receive systemic cancer-directed therapy in the last 14 days of life*:
- a. If *Patient did not receive systemic cancer-directed therapy in the last 14 days of life* 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 30 episodes in the Sample Calculation.
 - b. If *Patient did not receive systemic cancer-directed therapy in the last 14 days of life* equals No, proceed to check *Data Completeness Not Met*.
10. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 episodes) plus Performance Not Met (c equals 30 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes). All equals 40 episodes divided by 70 episodes. All equals 57.14 percent.

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

**A lower calculated performance rate for this measure indicates better clinical control and care.

NOTE: Submission Frequency: Patient-Periodic

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