Measure Title: Percentage of Patients who Died with Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life *(lower score – better)*	
Measure Description:	Percentage of patients, aged 18 years and older, who died with cancer admitted to the ICU in the last 30 days of life.
Denominator	Patients, aged 18 years and older, who died with cancer. **Denominator Criteria (Eligible Cases):** 1) Patients aged ≥ 18 years at the start of the measurement period: (Start Date of the Measurement Period minus Date of Birth) ≥ 18 years **AND** 2) At least two outpatient encounters that meet the following criteria: 2a) Place of Service: 02, 05, 07, 10, 11, 19, 22, 49, 50, 71, 72 **AND** 2b) Professional Service code: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99495, 99496, 99441, 99442, 99443 *(NOTE: Encounters coded with telehealth modifier GQ, GT, or 95 are allowed for both visits.)* **AND** 2c) Service Date <during Measurement Period> **AND** 2d) Diagnosis code for Cancer *(See tab "CancerDx" in "EOLMeasures_Coding")* **AND** 3) Date of death <during Measurement Period> **Guidance:** For physician/group reporting, attribution of patients to an oncology practice is based on the presence of at least two outpatient visit claims for the patient with that practice. The two outpatient encounters required in the denominator are outpatient visits that occur on different calendar days. To be eligible in the denominator, patients must have continuous coverage during the measurement period. A cancer diagnosis code must appear within the top 3 diagnosis positions on an outpatient visit claim that meets the denominator encounter requirement.
Denominator Exclusions:	None

Numerator:	Patients who were admitted to the ICU in the last 30 days of life **<u>Guidance:</u>** To count towards the numerator, there should be an ICU revenue code on the inpatient claims form and the inpatient discharge date should be within the last 30 days of the patient's life. The inpatient discharge date is inclusive of the 30-day timeframe. Step down units are not included in this measure. **Numerator Criteria:** Inpatient Type of Bill: 111- Hospital Inpatient (Including Medicare Part A) admit through discharge 121- Hospital Inpatient (Medicare Part B Only) admit through discharge 851- Specialty Facility Critical Access Hospital: admit through discharge **<u>AND</u>** ***Most Recent*** Inpatient Discharge Date **<u>AND</u>** (Date of death minus ***Most Recent*** Inpatient Discharge Date) < 30 days **<u>AND</u>** Revenue code Intensive Care Unit (ICU): 0200 - General 0201 - Surgical 0202 - Medical 0203 - Pediatric 0204 - Psychiatric 0206 - Intermediate ICU 0207 - Burn Care 0208 - Trauma 0209 – Other **OR** Coronary Care Unit (CCU): 0210 - General 0211 - Myocardial Infarction 0212 - Pulmonary Care 0213 - Heart Transplant 0214 - Intermediate CCU 0219 - Other Coronary CCU
Denominator Exceptions:	Patients admitted to the ICU due to complications from 1) receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant (transplant status) in the last 60 days of life, or 2) receipt or in process of receipt of CAR T cell therapy in the last 60 days of life **Denominator Exceptions Criteria:**

	Receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant Code: *(See tab "BoneMarrowStemCellTransplant" in "EOLMeasures_Coding" file)* **AND** Service/Procedure Date or Claim from Date (for ICD-10-CM transplant status code) **AND** (Date of death minus Service/Procedure Date or Claim from Date) < 60 days **OR** Receipt or in process of receipt of CAR T cell therapy Code: *(See tab "CARTCellTx" in "EOLMeasures_Coding" file)* **AND** Service/Procedure Date **AND** (Date of death minus Service/Procedure Date) < 60 days
Interpretation of Score:	Better quality is associated with a lower score
Risk Adjustment:	None