



This measure has been approved by CMS for inclusion in the Quality Payment Program for 2018 reporting by the Pathologists Quality Registry. It has been updated based on the June 2017 Protocol update which includes updates to the Pathologic Staging Classification (pTNM) per AJCC 8th Edition. Additional revisions to this protocol have been made to support the AJCC 8th Edition elements and prognostic factors important to the treatment of the patient.

1. **CMS Measure ID/CMS QCDR ID:** CAP4
2. **Measure Title:** Cancer Protocol Elements for Carcinoma of the Intrahepatic Bile Ducts Completed
3. **Measure Description:** Cancer protocol used for all patients with carcinoma of the intrahepatic bile ducts and all required data elements are included. The checklist covers the following procedures:
 - a. Hepatic resection
 - b. Partial hepatic resection
 - c. Total hepatic resection
4. **Denominator:** All eligible carcinoma of the intrahepatic bile ducts cases that require the use of a CAP cancer protocol.

The codes provided below are meant as guidance; they cover the majority of cases, but others may potentially apply.

CPT[®] codes: 88307 or 88309

AND

Any of these ICD-10 codes:

- i. C22.1: intrahepatic bile duct carcinoma
- ii. C22.0: liver cell carcinoma
- iii. C22.7: other specific carcinoma of liver
- iv. C22.8: malignant neoplasm of liver, primary, unspecified as to type
- v. C22.9: malignant neoplasm of liver, not specified as primary or secondary

5. **Denominator Exclusions:**
 - a. Hepatocellular carcinoma
 - b. Hepatoblastoma
 - c. Carcinomas of the perihilar bile ducts
 - d. Biopsy procedures
6. **Denominator Exceptions:** None
7. **Numerator:** All eligible cases containing all of the *required* elements found in the current CAP carcinoma of the intrahepatic bile ducts protocol. Optional data (marked with a "+" in the CAP cancer protocol) is not required, but may be present.
The current protocol, the required elements include:
 - a. Procedure
 - b. Tumor Site
 - c. Tumor Size

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- d. Histologic Type
 - e. Histologic Grade
 - f. Tumor Extension
 - g. Depth of Tumor Extension
 - h. Margins
 - i. Lymphovascular Invasion
 - j. Perineural Invasion
 - k. Regional Lymph Nodes
 - l. Pathologic Stage Classification (pTNM, AJCC 8th Edition)
- * If an item is not applicable, an "N/A" listing is required.*

- 8. **Numerator Exclusions:** None
- 9. **Rationale:** The CAP cancer templates have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore utilizing all the required elements found in a CAP template for malignant cases should be the very definition of a high quality report and serve as a measure of pathologist performance. An accurate and complete diagnosis as would be found in a high quality pathology report with the CAP cancer template is crucial to successful patient treatment and outcomes.
- 10. **NQF Number:** N/A
- 11. **eCQM Number:** N/A
- 12. **NQS Domain:** Effective Clinical Care
- 13. **Outcome or High Priority?:** No
- 14. **High Priority Type:** N/A
- 15. **Measure Type:** Process
- 16. **Inverse Measure:** No
- 17. **Proportional Measure:** Yes
- 18. **Continuous Variable Measure:** No
- 19. **Ratio Measure:** No
- 20. **If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?:** N/A
- 21. **Number of performance rates to be submitted:** 1

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- 22. **Overall Performance Rate if more than 1 performance rate is to be submitted:** N/A

- 23. **Is the Measure Risk-Adjusted?:** No

- 24. **Data Source:** Laboratory Information System; CAP cancer protocols and pathology reports

- 25. **Reference:** CAP cancer protocols and pathology reports. Intrahepatic Bile Duct 4.0.0.0 (June 2017)
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