Quality ID #396: Lung Cancer Reporting (Resection Specimens)
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Transfer of Health Information and Interoperability

<u>2019 **COLLECTION TYPE:**</u>
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type

INSTRUCTIONS:
This measure is to be submitted **each time** a patient's pathology report addresses specimens with a diagnosis of non-small cell lung cancer; however, only one quality-data code (QDC) per date of service for a patient is required. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
Pathology reports for resection specimens for primary lung carcinoma

> **Denominator Criteria (Eligible Cases):**
> Patients ≥18 years of age on date of encounter
> **AND**
> **Diagnosis for lung cancer (ICD-10-CM):** 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
> **AND**
> **Patient procedure during performance period (CPT):** 88309

NUMERATOR:
Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and NOT NSCLC-NOS)

> **Numerator Quality-Data Coding Options:**
> **If Patient is not Eligible for this Measure because the Specimen is not of Lung Origin, or is Classified as NSCLC-NOS Report:**
> *Denominator Exclusion: G9424:*   Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS

OR

> **Primary Lung Carcinoma that Include the pT category, pN category and for Non-Small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS)**
> *Performance Met: G9422:*   Primary lung carcinoma resection report documents pT category, pN category and for Non-small Cell Lung

Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS)

OR

Primary Lung Carcinoma that Include the pT category, pN category and for Non- Small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma) not Documented for Medical Reasons

Denominator Exception: **G9423:**   Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria (e.g. metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)]

OR

Primary Lung Carcinoma that Include the pT category, pN category and for Non-Small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma) not Documented, Reason not Given

Performance Not Met: **G9425:**   Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma)

RATIONALE:

The TNM staging revisions (AJCC 7th edition) became effective for all new cases diagnosed after January 1, 2010. The new staging system is applicable to both NSCLC and, for the first time, SCLC. There are significant changes in staging, particularly in T3 for NSCLC. For these reasons, we believe a gap exists in the appropriate and consistent use of the new pT standards for lung cancer. (CAP Performance Measures Working Group)

CLINICAL RECOMMENDATION STATEMENTS:

The TNM staging system of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC) is recommended for non-small cell lung cancer. Small cell lung cancer has been more commonly classified according to a separate staging system as either "limited" or "extensive" disease, but based on analysis of the International Association for the Study of Lung Cancer (IASLC) database, TNM staging is also recommended for small cell lung cancer.

The purpose of pathologic evaluation is to precisely classify the histologic type of lung cancer and to determine all staging parameters as recommended by the AJCC including tumor size, the extent of invasion (pleural and bronchial), adequacy of surgical margins, and presence or absence of lymph node metastasis.

Pathologic evaluation is performed to classify the histologic type of the lung cancer, determine the extent of invasion, determine whether it is primary lung cancer or metastatic cancer, establish the cancer involvement status of the surgical margins (i.e., positive or negative margins), and do molecular diagnostic studies to determine whether certain gene mutations are present.

A new lung cancer TMN staging system was developed by the International Association of the Study of Lung Cancer (IASLC) and adopted by the American Joint Commission for Cancer (AJCC) (7th edition, 2010). This new staging system is applicable to both NSCLC and SCLC based on studies by the IASLC which demonstrated the prognostic significance of the various stage designations in both diseases… application of the TNM system will not change how patients are treated; however, clinical research studies should begin to utilize the TNM system, because it will allow for more precise assessments of prognosis and specific therapy in the future. Therefore, the SCLC algorithm was revised in 2011 to include the TNM staging information.

[CAP June 2017 Protocol for the Examination of Specimens From Patients With Primary Non-Small Cell Carcinoma, Small Cell Carcinoma, or Carcinoid Tumor of the Lung](#)

[The NCCN. Non-Small Cell Lung Cancer: Clinical Practice Guidelines in Oncology.](#) Updated April 11, 2012. Accessed May 9, 2012. To view the most recent and complete version of the guideline, go online to [National Comprehensive Cancer Network](#).

[The NCCN. Small Cell Lung Cancer: Clinical Practice Guidelines in Oncology.](#) Updated June 23, 2012. Accessed May 9, 2012. To view the most recent and complete version of the guideline, go online to [National Comprehensive Cancer Network](#).
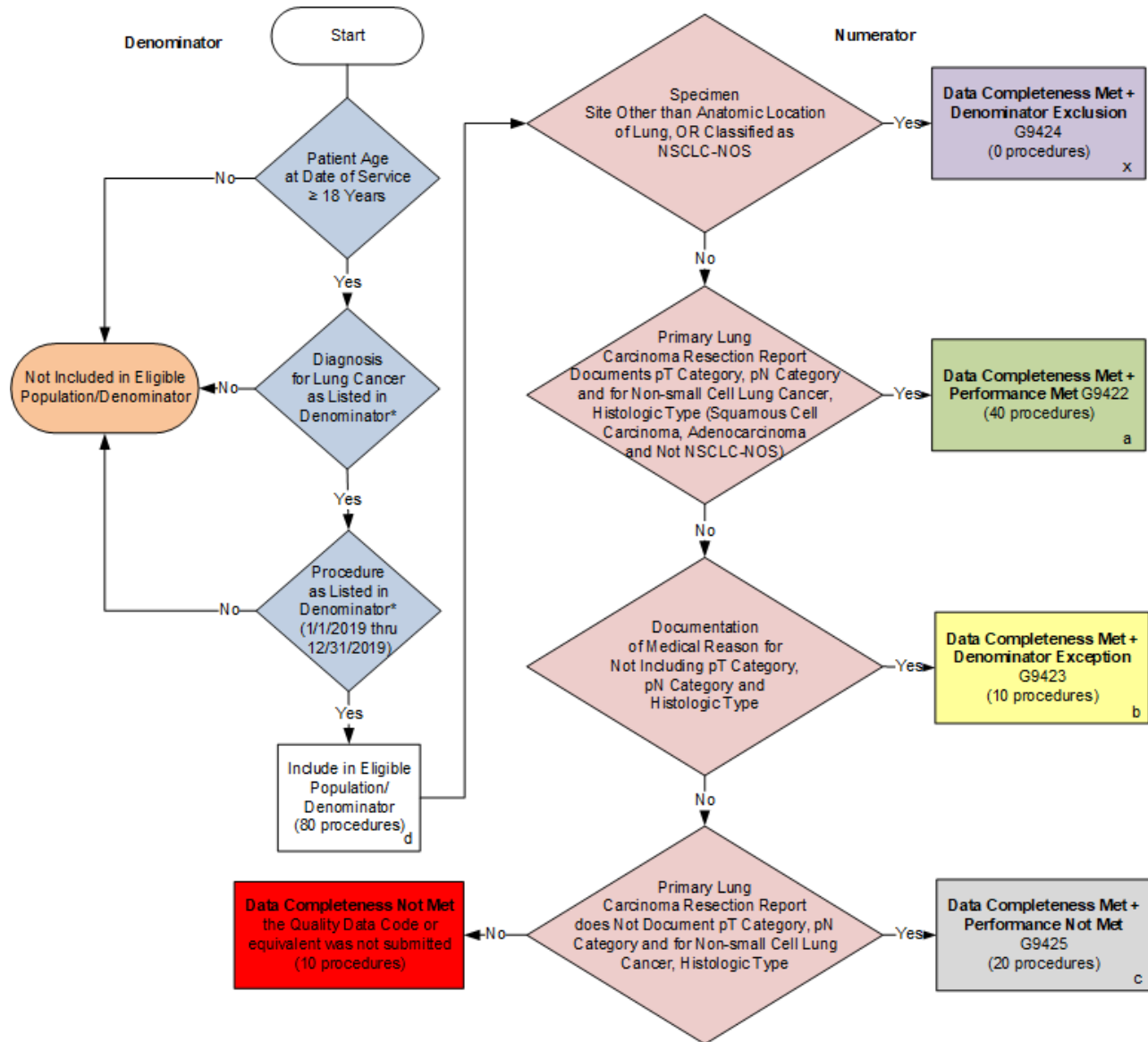
2019 Medicare Part B Claims Flow for Quality ID #396: Lung Cancer Reporting (Resection Specimens)

Denominator

Numerator

Start

Patient Age at Date of Service ≥ 18 Years — No → / Yes ↓

Specimen Site Other than Anatomic Location of Lung, OR Classified as NSCLC-NOS — Yes → **Data Completeness Met + Denominator Exclusion G9424 (0 procedures)** x

Not Included in Eligible Population/Denominator

Diagnosis for Lung Cancer as Listed in Denominator* — No → / Yes ↓

No ↓

Primary Lung Carcinoma Resection Report Documents pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and Not NSCLC-NOS) — Yes → **Data Completeness Met + Performance Met G9422 (40 procedures)** a

No ↓

Procedure as Listed in Denominator* (1/1/2019 thru 12/31/2019) — No → / Yes ↓

Documentation of Medical Reason for Not Including pT Category, pN Category and Histologic Type — Yes → **Data Completeness Met + Denominator Exception G9423 (10 procedures)** b

No ↓

Include in Eligible Population/ Denominator (80 procedures) d

Data Completeness Not Met the Quality Data Code or equivalent was not submitted (10 procedures) ← No —

Primary Lung Carcinoma Resection Report does Not Document pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type — Yes → **Data Completeness Met + Performance Not Met G9425 (20 procedures)** c

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SAMPLE CALCULATIONS:

Data Completeness=

Denominator Exclusion (x=0 procedures)+Performance Met (a=40 procedures)+Denominator Exception (b=10 procedures)+Performance Not Met (c=20 procedures)= 70 procedures=87.50%

Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=40 procedures) = 40 procedures = 66.67%

Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=0 procedures) – Denominator Exception (b=10 procedures) = 60 procedures

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**NOTE : Submission Frequency – Procedure

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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.

v3

2019 Medicare Part B Claims Flow Narrative for Quality ID #396:
Lung Cancer Reporting (Resection Specimens)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator

2. Check Patient Age:

   a. If Patient Age at Date of Service is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.

   b. If Patient Age at Date of Service is greater than or equal to 18 Years equals Yes, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:

   a. If Diagnosis for Lung Cancer as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

   b. If Diagnosis for Lung Cancer as Listed in the Denominator equals Yes, proceed to check Procedure Performed.

4. Check Procedure Performed:

   a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

   b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.

5. Denominator Population:

   a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.

6. Start Numerator

7. Check Specimen Site Other than Anatomic Location of Lung, OR Classified as NSCLC-NOS:

   a. If Specimen Site Other than Anatomic Location of Lung, OR Classified as NSCLC-NOS equals Yes, include in the Data Completeness Met and Denominator Exclusion.

   b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 0 procedures in the Sample Calculation.

   c. If Specimen Site Other than Anatomic Location of Lung, OR Classified as NSCLC-NOS equals No, proceed to check Primary Lung Carcinoma Resection Report Documents pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS).

8. Check Primary Lung Carcinoma Resection Report Documents pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS):

a. If Primary Lung Carcinoma Resection Report Documents pT category, pN Category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS) equals Yes, include in Data Completeness Met and Performance Met.

b. 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 procedures in Sample Calculation.

c. If Primary Lung Carcinoma Resection Report Documents pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS) equals No, proceed to check Documentation of Medical Reason for Not including pT Category, pN Category and Histologic Type For Patient with Appropriate Exclusion Criteria.

9. Check Documentation of Medical Reason for Not Including pT Category, pN Category and Histologic Type [For Patient with Appropriate Exclusion Criteria…]:

a. If Documentation of Medical Reason for Not Including pT Category, pN Category and Histologic Type [For Patient with Appropriate Exclusion Criteria…] equals Yes, include in the Data Completeness Met and Denominator Exception.

b. 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 b equals 10 procedures in the Sample Calculation.

c. If Documentation of Medical Reason for Not Including pT Category, pN Category and Histologic Type [For Patient with Appropriate Exclusion Criteria…] equals No, proceed to check Primary Lung Carcinoma Resection Report Does Not Document pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type, (Squamous Cell Carcinoma, Adenocarcinoma)

10. Check Primary Lung Carcinoma Resection Report Does Not Document pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type, (Squamous Cell Carcinoma, Adenocarcinoma):

a. If Primary Lung Carcinoma Resection Report Does Not Document pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type, (Squamous Cell Carcinoma, Adenocarcinoma) equals Yes, include in Data Completeness Met and Performance Not Met.

b. 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 procedures in the Sample Calculation.

c. If Primary Lung Carcinoma Resection Report Does Not Document pT Category, pN Category and for Non-small Cell Lung Cancer, Histologic Type, (Squamous Cell Carcinoma, Adenocarcinoma) equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Denominator Exclusion (x=0 procedures)+Performance Met (a=40 procedures)+Denominator Exception (b=10 procedures)+Performance Not Met (c=20 procedures)= 70 procedures=87.50%

Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=40 procedures)

Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=0 procedures) – Denominator Exception (b=10 procedures) = = 40 procedures = 66.67%

60 procedures