



For any questions not addressed in this document, please reach out to [measures@cap.org](mailto:measures@cap.org)

## **QPP 249: Barrett's Esophagus Reporting**

(Reported at the pathology report level)

- **Denominator:**
  - **Biopsy of the esophagus:** Identified by CPT code 88305 and/or documentation of esophageal biopsy
  - **Diagnosis of Barrett's:** ICD-10 codes and/or documentation of Barrett's esophagus.
    - Sometimes documented in path reports as, "intestinal metaplasia consistent or compatible with Barrett's esophagus/Barrett's mucosa", "with/present for goblet cell metaplasia"
      - **Note:** *Intestinal metaplasia is the histological finding of Barrett's esophagus*
- **Denominator Exclusion: Specimen site other than the esophagus**
  - **Example of Exclusion Case:** Patient has a history of Barrett's documented in the path report, but there was no esophageal biopsy performed during the current measurement year.
    - E.g., CPT code 88305 is used for a biopsy of another organ or tissue that was performed during the current measurement year.
  - **For Multiple specimens in path report:** Path reports that include other specimens (not related to esophageal biopsies) in addition to the esophageal biopsy should be included in this measure; they are not Exclusions. We only care about the relevant esophageal biopsy specimen.
  - **Note:** *Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.*
- **Denominator Exception: Medical reason for not including the histological finding of Barrett's mucosa and dysplasia**
  - **Note:** There is an acceptable medical reason why Barrett's could not be identified
  - **Examples of Exception Cases:**
    - Specimen contains esophageal cancer. The specimen is no longer considered Barrett's.
    - The specimen is normal; no changes occurred or identified, etc. Sometimes indicated in path reports as:
      - "Negative for/absent of intestinal metaplasia"
      - "No dysplasia", "No significant pathology", "No/without pathologic abnormality", etc.
  - **Note:** *Exception cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exception cases must be sent to the Registry.*
  - No documentation of medical reason = NOT MET
- **Numerator: Path reports with a diagnosis of Barrett's and documentation of dysplasia**
  - If Barrett's esophagus/mucosa is present, then a statement about dysplasia should be documented:
    - Dysplasia Present (Grade required: high grade, low grade, etc.)
    - Dysplasia Absent (No grade required)
    - Dysplasia Indefinite (No grade required)
  - No documentation of statement about dysplasia = NOT MET



## QPP 249 Pathology Report Examples

### “Exclusion” case:

**Clinical History: History of Barrett’s**

Specimens not related to the esophagus

**Diagnosis:**

- ~~A.) Duodenum, biopsy~~**  
**~~-Benign duodenal mucosa. No abnormal histopathologic changes seen.~~**
- ~~B.) Gastric, biopsy~~**  
**~~-Benign gastric mucosa.~~**
- ~~C.) Lymph node, biopsy~~**  
**~~-No carcinoma identified.~~**

### “Exception” case:

**Diagnosis:**

- A.) Distal esophageal, biopsy**  
**✓ Negative for Barrett’s esophagus**  
**-No dysplasia or evidence of malignancy**
- B.) Gastric, biopsy**  
**-Benign gastric mucosa**

Barrett’s esophagus is not identified in the specimen. Therefore, this case is an exception.

### “Met” case:

**Diagnosis:**

- A.) Distal esophageal, biopsy** ✓  
**-Mild inflammation with metaplastic changes**  
**-Suggestive of Barrett’s esophagus** ✓  
**-No dysplasia or evidence of malignancy** ✓
- B.) Gastric, biopsy**  
**-Benign gastric mucosa.**

All required data elements are present in the pathology report

### “Not Met” case:

**Diagnosis:**

- ~~A.) Esophageal, biopsy at 25 cm~~**  
**~~-Negative for eosinophilic inflammation~~**
- B.) Gastric antrum, resection**  
**-Benign tissue. No inflammation seen.**

Missing Barrett’s evaluation and dysplasia status



## **QPP 250: Radical Prostatectomy Pathology Reporting**

(Reported at the pathology report level)

- **Denominator:**
  - **Resection of the prostate:** Identified by CPT code 88309 and/or documentation of prostate resection/prostatectomy
    - **Does NOT include** Transurethral resections of the prostate (TURP) –see Denominator Exception.
  - **Diagnosis of primary prostate cancer:** Identified by ICD-10 code C61 and/or documentation of prostate cancer
    - Sometimes documented in path reports as, “prostatic acinar adenocarcinoma”, “acinar adenocarcinoma of the prostate”, “prostatic adenocarcinoma”, “adenocarcinoma, acinar type [prostate]”, etc.
- **Denominator Exclusion: Specimen site other than the prostate**
  - **Example of Exclusion Case:** Patient has a history of prostate cancer documented in the path report, but a prostatectomy was NOT performed during the current measurement year.
    - E.g., CPT code 88309 is used for a resection of another organ or tissue that was performed during the current measurement year.
  - **Multiple specimens in path report:** Path reports that include other specimens (not related to prostate resections) in addition to the prostate resection should be included in this measure; they are not Exclusions. We only care about the relevant prostate resection specimen.
  - **Note:** *Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.*
- **Denominator Exception: Medical reason for not including pT category, pN category, Gleason score, and statement about margin status**
  - **Note:** There is an acceptable medical reason why the numerator requirements could not be met
  - **Example of Exception Cases:**
    - Specimen originated from other malignant neoplasms (e.g., bladder cancer that metastasized to the prostate)
    - The specimen is normal, necrotic tissue, or TURP specimen, etc. Sometimes indicated in path reports as:
      - “Negative for/absent of carcinoma”, “No carcinoma”
      - “No significant pathology”, “No/without pathologic abnormality”, “No changes occurred or identified”, etc.
  - **Note:** *Exception cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exception cases must be sent to the Registry.*
  - No documentation of medical reason = NOT MET
- **Numerator: Path reports with documentation of pT category, pN category, Gleason score, and statement about margin status**
  - No documentation of pT category, pN category, Gleason score, and statement about margin status = NOT MET



## QPP 250 Pathology Report Examples

### “Exclusion” case:

Specimens are not related to the prostate

**Clinical History: History of prostatic adenocarcinoma**

**Diagnosis:**

- X** 1) Duodenum, biopsy  
-Benign duodenal mucosa. No abnormal histopathologic changes seen.
- X** 2) Gastric, biopsy  
-Benign gastric mucosa.
- X** 3) Lymph node, biopsy  
-No carcinoma identified.

### “Exception” case:

Specimen has documented treatment effects. Treatment effects hinder histologic assessments which would be an exception to the measure

**A.) Prostatectomy:**

- Residual prostatic adenocarcinoma
- Tumor type: Acinar prostatic adenocarcinoma
- Tumor grade: N/A due to treatment
- Surgical margins: Negative for margins
- Treatment effect: Positive for treatment change.
- Extraprostatic extension: Negative
- Seminal vesicle invasion: Negative
- Urinary bladder neck invasion: Negative
- AJCC pathologic stage: T2 NX

### “Met” case:

Pathology report contains all required data elements

**A.) Prostatectomy:**

- Prostatic adenocarcinoma
- Tumor type: Acinar prostatic adenocarcinoma
- Tumor grade: Gleason score 7 (60% pattern 3 + 20% pattern 4)
- Grade group: 2
- Surgical margins: Margins are free
- Treatment effect: No known presurgical therapy
- AJCC pathologic stage: T2 N0

### “Not Met” case:

Missing pT category & pN category

**Diagnosis:**

**A.) Prostate, resection**

- Prostatic adenocarcinoma, acinar type
- Gleason score: 4+3=7, grade group 3
- Margins: Negative for margins



## **QPP 395: Lung Cancer Reporting (Biopsy/Cytology Specimens)**

(Reported at the pathology report level)

- **Denominator:**
  - **Biopsy/cytology of the lung (Lung tissue):** Identified by CPT code 88305, 88104, 88108, 88112, 88173 and/or documentation of biopsy or cytology specimens
    - **Does NOT include** Wedge biopsies/resections, Resection specimens (applies to QPP 396 only)
  - **Diagnosis of non-small cell lung cancer:** ICD-10 code and/or documentation of non-small cell lung cancer
    - **Does NOT include** Hilar lymph nodes (or lymph nodes of the lung), Small cell carcinoma/Oat cell carcinoma
- **Denominator Exclusion: Specimen site other than the lung or specimen is NOT non-small cell lung cancer**
  - **Specimen site other than the lung**
    - **Multiple specimens in path report:** Path reports that include other specimens (not related to lung biopsies or cytology specimen) in addition to the lung biopsy should be included in this measure; they are not Exclusions. We only care about the relevant lung biopsy or cytology specimen.
    - **Example of Exclusion Cases**
      - Pleural fluid
      - Sputum
  - **Specimen is NOT non-small cell lung cancer**
    - **Example:** If path report includes a lung biopsy and a biopsy of a lymph node(s) in the lung, this case would NOT be considered an exclusion. Hilar lymph nodes do not apply to the measure, so they are not counted.
    - **Example of Exclusion Case:**
      - Neuroendocrine tumors
      - lung carcinoid tumors
  - **Note:** Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.
- **Denominator Exception: Medical reason for not including histologic type NSCLC following IASCLC guidelines or an explanation for NSCLC-NOS specimens**
  - **Examples of Exception Cases:**
    - The specimen is normal; no changes occurred or identified; insufficient tumor for testing, etc. Sometimes indicated in path reports as:
      - “No residual tumor”
      - “Insufficient tumor”
      - “No malignancy”
    - Biopsy taken for other purposes in patient with a history of NSCLC (e.g., biopsy was taken to assess for interstitial fibrosis or emphysema)
  - **Note:** Exception cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exception cases must be sent to the Registry.
  - No documentation of medical reason = NOT MET
- **Numerator: Documentation of histologic type for NSCLC following IASCLC guidelines or an explanation for NSCLC-NOS specimens**
  - **IASLC Guidelines:** Do not use: “Large cell carcinoma”, “AIS (adenocarcinoma in situ)”, “MIA (minimally invasive adenocarcinoma)”, and “BAC (bronchioalveolar carcinoma)”
    - All three recommendations must be followed in order for a case to be considered Met (ie if any one of these terms is present, the case is Not Met)
  - No documentation of histologic type of NSCLC or no explanation for NSCLC-NOS = NOT MET



## QPP 395 Pathology Report Examples

### “Exclusion” case(s):

**Clinical History: Adenocarcinoma, Lung**

Specimens are not related to the lung

**Diagnosis:**

- ~~A.) Lymph node, biopsy~~
  - No carcinoma identified in lymph node
- ~~B.) Distal esophageal, biopsy~~
  - No dysplasia or evidence of malignancy

**Diagnosis:**

- A.) Left lower lobe, biopsy
  - ~~-Typical carcinoid tumor (approx 1 cm)~~
  - No known treatment effect/prior surgery
  - No lymphovascular invasion
  - Margins uninvolved by tumor
  - No lymph node involvement

Carcinoid & neuroendocrine tumors are some examples that are not considered NSCLC

- ~~B.) Lymph node, lung, biopsy~~
  - No evidence of malignancy

Hilar lymph nodes (lymph nodes of the lungs) are not part of QPP 395

### “Exception” case:

**Diagnosis:**

A.) Right lower lobe, biopsy

**-Consistent with fibromatosis. No carcinoma is identified**

No cancer was found in the specimen. Specimen identified another lung condition (not NSCLC)

B.) Lymph node, lung, biopsy

-No evidence of malignancy

### “Met” case:

**Diagnosis:**

- ~~A.) Bronchial washing, left~~
- ~~B.) Non-small cell lung carcinoma, squamous cell carcinoma~~
- ~~C.) Right lung, CT-guided biopsy~~
- ~~D.) Well-differentiated pulmonary adenocarcinoma (in situ and minimally invasive)~~
- ~~E.) Molecular studies pending~~

**LIS practices:** Documentation of “non-small cell lung carcinoma” should be documented in addition to histologic type (“squamous cell carcinoma”)

Documentation of histologic type (“pulmonary adenocarcinoma”) meets the numerator



**“Not Met” case(s):**

**Diagnosis:**

**A.) Bronchial washing, left**


- Non-small cell lung carcinoma
- No known presurgical therapy
- No lymphovascular invasion
- Margins uninvolved by tumor
- No lymph node involvement



Histologic type of specimen A is not documented in the path report

**Diagnosis:**

**A.) Right lower lob, biopsy**

-  Consistent with AIS (Adenocarcinoma in situ) non-mucinous type
- See comment

Documentation of “AIS” does not follow the recommendation of the IASLC as stated in the measure specification



## **QPP 396: Lung Cancer Reporting (Resection Specimens)**

(Reported at the pathology report level)

- **Denominator:**
  - **Resection of the lung (Lung tissue):** Identified by CPT code 88309 and/or documentation of resection specimens
    - **Does NOT include** Wedge biopsies
  - **Diagnosis of lung cancer:** ICD-10 code and/or documentation of lung cancer (includes small cell carcinoma and NSCLC)
    - **Does NOT include** Metastatic specimens, Hilar lymph nodes (or lymph nodes of the lung)
- **Denominator Exclusion: Specimen site other than the lung or specimen is NSCLC-NOS**
  - **Specimen site other than the lung**
    - **Example of Exclusion Case:** This would apply if there was a history of lung cancer, and the resection was performed on an irrelevant specimen.
    - **Multiple specimens in path report:** Path reports that include lung resection and other specimens (not related to lung resections) should be included; they are not Exclusions. For example, wedge resections of lymph nodes and lung resection. We only care about the relevant lung resection especially since hilar lymph nodes and wedge resections are not included in the measure.
  - **Specimen is NSCLC-NOS**
    - **Example of Exclusion Case:** Resection specimens classified as non-small cell lung cancer not otherwise specified (NSCLC-NOS) are exclusions to the measure because this diagnosis is basically indicating that the histologic type cannot be identified.
  - **Note:** *Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.*
- **Denominator Exception: Medical reason for not including pT category, pN category, and histologic type for NSCLC specimens**
  - **Example of Exception Cases:**
    - The specimen is normal, tumor is benign, no changes occurred or identified, etc. Sometimes indicated in path reports as:
      - “No residual tumor”
      - “No malignancy”
    - The specimen is metastatic cancer, tumor is benign, or inadequate surgical specimens, etc. Sometimes indicated in path reports as:
      - “Insufficient tumors”
      - “Lung carcinoid tumors”
      - “Lymphoma and sarcoma”
  - **Note:** *Exception cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exception cases must be sent to the Registry.*
  - No documentation of medical reason = NOT MET
- **Numerator: Documentation of pT category, pN category, and histologic type for NSCLC specimens**
  - No documentation of pT category, pN category, and histologic type of NSCLC = NOT MET





## QPP 396 Pathology Report Examples

### “Exclusion” case(s):

#### **Clinical History: Adenocarcinoma, Lung**

##### **Diagnosis:**

- ~~X~~) Lymph node, resection**
  - No carcinoma identified in lymph node
- ~~X~~) Distal esophageal, resection**
  - No dysplasia or evidence of malignancy

Specimens are not related to the lung

##### **Diagnosis:**

- A.) Left lower lobe, lobectomy**
  - ~~X~~) Non-small cell lung carcinoma, not otherwise specified**
    - No known presurgical therapy
    - No lymphovascular invasion
    - Margins uninvolved by tumor
    - No lymph node involvement
- ~~X~~) Lymph node, lung, wedge resection**
  - No evidence of malignancy

Specimen has a diagnosis of “NSCLC-NOS” and is an exclusion to the measure

Hilar lymph nodes (lymph nodes of the lungs) are not part of QPP 396

### “Exception” case:

##### **Diagnosis:**

- A.) Left lower lobe, lobectomy**
  - Specimen is sub-optimal for analysis. Another tissue specimen should be collected for proper analysis.**
- B.) Lymph node, lung, biopsy**
  - No evidence of malignancy

A clinical diagnosis could not be made due to insufficient tissue.

### “Met” case:

##### **Diagnosis:**

- ~~✓~~) Right lower lobe, resection**
  - ~~✓~~) Differentiated squamous cell carcinoma**
    - No known presurgical therapy
    - No lymphovascular invasion
    - Margins free of tumor
    - Positive for single lymph node involvement
  - ~~✓~~) pT3 pN1**
- B.) Lymph node, lung, right, wedge resection**
  - Negative for malignancy



**“Not Met” case:**

**Diagnosis:**



**A.) Right lower lobe, resection**

- Differentiated squamous cell carcinoma**
- No known presurgical therapy**
- No lymphovascular invasion**
- Margins free of tumor**
- Positive for single lymph node involvement**

**B.) Lymph node, lung, right, wedge resection**

- Negative for malignancy**

Missing pT and pN category from  
pathology report



## **QPP 397: Melanoma Reporting**

(Reported at the pathology report level)

- **Denominator:**
  - **Biopsy of the skin:** Identified by CPT code 88305 and/or documentation of biopsy specimen
    - **Includes:** biopsies, wide excisions, and re-excisions
  - **Diagnosis of primary cutaneous malignant melanoma:** ICD-10 code and/or documentation of primary cutaneous malignant melanoma
    - **Malignant melanoma only**
    - **Does NOT include:**
      - Melanoma in situ
      - Melanoma in transit
      - Kaposi's sarcoma of the skin
- **Denominator Exclusion: Specimen site other than the skin**
  - **Example of Exclusion Case:** If there was a history of melanoma documented in the path report, and a biopsy was performed on an irrelevant specimen like the tongue or the eye in the current measurement period.
    - E.g., non-cutaneous melanoma:
      - Ocular melanoma (melanoma in the eye)
      - Mucosal melanoma (melanoma in mucosal membranes)
      - Subungual melanoma (melanoma in the skin underneath fingernails)
  - **Multiple specimens in path report:** If the path report includes skin biopsy and other specimens not related to the skin, they are not Exclusions. We only care about the relevant skin specimens with diagnosis of melanoma.
    - **Example:** Path report includes lymph node resection and skin biopsy both with diagnosis of melanoma. Lymph nodes would not be included in the measure at all so we would only look at the skin biopsy.
  - **Note:** *Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.*
- **Denominator Exception: Medical reason for not including pT category, statement on thickness, ulceration, mitotic rate, peripheral and deep margin status, and presence/absence of microsatellitosis for invasive tumors**
  - **Example of Exception Cases:** The specimen is normal; no changes occurred or identified; negative for melanoma; skin biopsy taken for another reason in patient with history of melanoma, etc. Sometimes indicated in path reports as:
    - "No/negative for residual tumor"/"negative skin biopsy"
    - "No malignancy"
    - "Completely excised melanoma specimen"
    - "Insufficient specimen"/"Sub-optimal specimen"
    - Difficulty with determining "primary" or "metastatic" status of melanoma
  - **Note:** *Exception cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exception cases must be sent to the Registry.*
  - No documentation of medical reason = NOT MET
- **Numerator: Documentation of pT category, statement on thickness, ulceration, mitotic rate, peripheral and deep margin status, and presence/absence of microsatellitosis for invasive tumors**
  - No documentation of any of the elements = NOT MET



## QPP 397 Pathology Report Examples

### “Exclusion” case(s):

<p><b>Diagnosis:</b></p> <p><b>A.) Skin, left temple, wide excision</b>  <del>Melanoma in situ</del>          -Peripheral margins: melanoma in situ present          -Deep margins: negative for melanoma in situ</p> <p><b>B.) Sentinel lymph node, resection</b>          -No reactive lymph node          -Negative for melanoma</p>	<p>Melanoma in situ and melanoma in transit cases are Exclusions to QPP 397</p>
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<p><b>Diagnosis:</b></p> <p><b>A.) Left eye, biopsy, punch</b>  <del>Posterior uveal melanoma</del>          -Specimen sent to Dr. CAP for second consultation</p> <p><b>B.) Sentinel lymph node, resection</b>          -No reactive lymph node          -Negative for melanoma</p>	<p>Ocular melanoma &amp; mucosal melanoma are some non-cutaneous forms of melanoma and are Exclusions to QPP 397</p>
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### “Exception” case:

<p><b>Diagnosis:</b></p> <p><b>A.) Skin, right leg, wide excision</b>  <del>-Negative for residual melanoma</del>          -Healing stage at biopsy site</p> <p><b>B.) Sentinel lymph node, resection</b>          -No reactive lymph node          -Negative for melanoma</p>	<p>Specimen did not have any residual melanoma for a clinical diagnosis</p>
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### “Met” case:

<p><b>Diagnosis:</b></p> <p><b>A.) Left Upper limb and shoulder, Skin, biopsy</b>  <del>-Invasive melanoma</del>  <del>-Breslow Thickness: 1.5 mm</del>  <del>-Ulceration: Not applicable</del>  <del>-Mitotic rate: 3 mitoses per mm2</del>  <del>-Clark level: IV</del>  <del>-Microsatellite(s): Not applicable</del>  <del>-Peripheral margin status: Invasive melanoma negative</del>  <del>-Deep margin status: Invasive melanoma present</del>  <del>-No lymph node involvement</del>  <del>-pTNM Classification: pT2</del></p>	<p>All required data elements are present in the pathology report</p>
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**“Not Met” case:**

Missing pT category, ulceration, mitotic rate, peripheral and deep margin status from pathology report

**Diagnosis:**



- Left external ear, skin, biopsy, shave**
- Invasive malignant melanoma**
- Breslow Thickness: 1.0 mm**
- Clark level: IV**
- Microsatellite(s): Not applicable**
- No lymph node involvement**
- pTNM Classification: pT2**



## **QPP 440: Skin Cancer Reporting (Stewarded by the AAD)**

- **Denominator:**
  - **Biopsy of the skin:** Identified by CPT code 88305 and/or documentation of biopsy specimen
    - **Biopsies ONLY**
    - **Does NOT include:**
      - Wide excisions
      - Re-excisions
      - Excisional biopsies
    - Reports that contain both biopsies and wide excisions/re-excisions can be included but ONLY the biopsies should be reported
  - **Diagnosis of cutaneous basal cell, squamous cell carcinoma or melanoma, or other associated neoplasms:** ICD-10 code and/or documentation of cutaneous basal cell, squamous cell carcinoma or melanoma or other associated neoplasms
    - **Includes:** Melanoma in situ, Melanoma in transit
- **Denominator Exclusion:** Acceptable documented reason for not meeting the documentation requirements and/or the 2-business day TAT
  - **Pathologist provides second opinion**
    - **Includes:** Intra-departmental consultation and extra-departmental consultation
  - **Pathologist is the same clinician who performed the biopsy**
  - **Note:** *Exclusion cases must be documented in the Webtool and CSV Bulk upload template. For LIS practices, Exclusion cases must be sent to the Registry.*
- **Denominator Exception: NONE**
- **Numerator: Turnaround time of 7 days or less (accession date to sign out date)**
  - **Includes (per AAD):**
    - Weekends
    - Holidays
  - Turnaround time greater than 7 days = NOT MET



## QPP 440 Pathology Report Examples

### “Exclusion” case(s):

<b>Diagnosis:</b> A.) Skin and subcutaneous tissue, right shoulder, biopsy -Well-differentiated squamous cell carcinoma <b>X</b> The specimen was sent to Dr. CAP for second consultation. Dr. CAP concurs with this evaluation.	Specimen required a second opinion/consultation
<b>Ordering Provider: Dr. CAP</b>  <b>Diagnosis:</b> A.) Skin and subcutaneous tissue, left heel, biopsy -Basal Cell Carcinoma, in situ  <b>Comments:</b> The final diagnosis was performed by Dr. CAP.	The pathologist is the same clinician who performed the biopsy

### “Exception” case: This measure does NOT have a Denominator Exception

### “Met” case:

<b>Received Date: 7/19/2021</b>  <b>Diagnosis:</b> ✓ A.) Skin and subcutaneous tissue, left heel, biopsy ✓ -Basal Cell Carcinoma, nodular type  Dr. CAP electronically signed report on 7/21/2021.	Data requirements met and turnaround time is 3 days (<7 days)
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### “Not Met” case:

<b>Received Date: 7/19/2021</b>  <b>Diagnosis:</b> A.) Skin and subcutaneous tissue, left shoulder, biopsy -Squamous Cell Carcinoma, differentiated  Dr. CAP electronically signed report on 7/27/2021.	Pathology report was signed out >7 days
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