

QPP#	Measure Title	Code for "Performance Met"	Code for "Denominator Exception"	Code for "Denominator Exclusion"	Code for "Performance Not Met"
249	Barrett's Esophagus Pathology Reporting	3126F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading)	3126F-1P Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia)	G8797 Not esophageal specimen (Specimen site is other than anatomic location of primary tumor)	3126F-8P Statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) not documented; reason not otherwise specified
250	Radical Prostatectomy Pathology Reporting	3267F pT Category, pN Category, Gleason Score and Statement about Margin Status Documented	3267F-1P Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report (eg, specimen originated from other malignant neoplasms, transurethral resections of the prostate (TURP), or secondary site prostatic carcinomas)	G8798 Not prostate specimen (Specimen site other than anatomic location of prostate)	3267F-8P pT, pN, Gleason score and statement about margin status were not documented in pathology report; reason not otherwise specified

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395	Lung Cancer Reporting (Biopsy/Cytology Specimens)	G9418 Primary non-small cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance OR classified as NSCLC- NOS with an explanation	G9419 Documentation of medical reason(s) for not including the histological type OR NSCLC- NOS classification with an explanation (e.g. Specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	G9420 Not a lung specimen or is not classified as primary non-small cell lung cancer (NSCLC)	G9421 Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type OR does not follow IASLC guidance; reason not otherwise specified
396	Lung Cancer Reporting (Resection Specimens)	G9422 Primary lung carcinoma resection report documents pT, pN, and for Non-small Cell Lung Cancer, histologic type (Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC-NOS)	G9423 Documentation of medical reason(s) for not including pT, pN, and histologic type [For patient with appropriate exclusion criteria (eg, metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)]	G9424 Not lung specimen or is classified as non-small cell lung cancer not otherwise specified (NSCLC-NOS)	G9425 Primary lung carcinoma resection report does not document pT, pN, and for non-small cell lung cancer, histologic type (Squamous Cell Carcinoma, Adenocarcinoma) reason not otherwise specified
397	Melanoma Reporting	G9428 Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	G9429 Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	G9430 Not a skin specimen (Specimen site other than anatomic cutaneous location)	G9431 Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors, reason not otherwise specified

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440*	Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician	G9785 Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the Pathologist/ Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	M1166 Pathology report for tissue specimens produced from wide local excisions or re-excisions	G9784 Pathologists/Dermatopathologists providing a second opinion on a biopsy G9939 Pathologists/Dermatopathologists is the same clinician who performed the biopsy	G9786 Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the Pathologist/ Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist
491*	Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	M1193 Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both	M1194 Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	Z15.04, Z15.09, Z80.0 Patients with an existing diagnosis of Lynch Syndrome M1192 Patients with an existing diagnosis of squamous cell carcinoma of the esophagus M1191 Hospice services provided to patient any time during the measurement period:	M1195 Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given

* QPP 440 and QPP 491 are Registry-only measures. These measures CANNOT be reported through Claims

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