

## CAP 22: Turnaround Time (TAT) – Biopsies

### What's new in 2023?

Exclusion of gastric biopsies for gastritis and urinary bladder biopsies for urothelial carcinoma. Any cases reported in CAP 28 and CAP 30 cannot be included in the denominator for CAP 22.

#### 1. Does this measure apply to ALL biopsy cases?

Yes, with a few exceptions. Exceptions are skin excisions with margins that are coded as 88305; cases requiring decalcification; and biopsies associated with other samples (e.g., 88304, 88307).

Otherwise, all biopsies, including those with special stains, IHC or molecular studies, are included.

#### 2. Are colon polyps, endometrial curettings, endocervical curettings, etc. considered biopsies for this measure?

Yes, these specimens would be included in the denominator of CAP 22, along with any other specimen coded with CPT 88305.

#### 3. Is this an AP measure only? What about CP samples, should we include turnaround time for those too?

This measure is biopsies only. Cell blocks and other cytopathology samples are not included, regardless of the procedure or stain performed on them.

#### 4. What examples would be considered for the Denominator Exclusion, “Biopsy associated with any other specimen type” and Denominator Exception, “skin excisions with margins coded as 88305”?

An example of the Exclusion in a case where the biopsy was associated with another specimen type would be if a patient had a prostate resection and a bladder biopsy to see if the cancer had metastasized to the bladder. The measure does not specify that two samples must be from the same anatomic location.

As for the Exception regarding skin excisions, all skin excisions should be coded as 88305 no matter how complicated the case or big the excision is. However, complex samples where a significant amount of skin cancer is removed, and the surrounding margins are assessed for cancer are not subjected to the same turnaround time as other biopsies.

#### 5. Why does the measure specification state that the measurement period for this measure is January 1, 20XX- December 26, 20XX? Will my cases that occur outside of this timeframe not be counted?

The measurement period for all of our QCDR turnaround time measures is from January 1, 20XX, through December 26, 20XX. This is to provide sufficient time for the performance of the numerator to be met within the performance period.

Unfortunately, the cases that occur after this timeframe will not be counted in the measure calculation.

#### 6. Does intradepartmental QA count as 2nd opinion? Our pathologists often use the comment “this case was shared as part of our QA conference”-- is that considered 2nd opinion to CAP?

No, QA conferences, monthly tumor boards, or other similar activities do not count as second opinion. We are looking for instances where a consultation occurred with a specific colleague (or colleagues) prior to diagnosis, either intra or extradepartmental is accepted. Most QA meetings are more infrequent and occur after the

diagnosis was finalized. If you have a different process for QA conferences, we can discuss additional details to determine if this would count.

**7. Is a colon polyp considered a biopsy even though it is referred to as a “polypectomy”?**

Yes, colon polyp removal is a biopsy and should be included in the denominator of CAP 22.

**8. Are products of conception part of this measure?**

No. Those are not considered a biopsy even if coded with 88305. If there is no other specimen associated with products of conception and they are coded with 88305, that case can be marked as an Exception.

**9. For a case with the ICD-10 code for squamous cell carcinoma (C44.622), is it okay to just say “Punch” or “Shave”? Do we have to say biopsy? For instance, what about “Left lateral forehead, shave”?**

Yes, this is fine. You do not need to mention the word “biopsy”.