

CAP 28: *Helicobacter pylori* Status and Turnaround Time

1. **If I have a case where the diagnosis is “stomach inflammation” and not quite gastritis caused by *Helicobacter pylori*, does it still meet the measure?**

If the primary diagnosis or there is suspicion of stomach inflammation (and there is documentation of examination of *H. pylori*), then the case would meet the measure.

However, we would not count cases where the patient is being evaluated for a condition, but the diagnosis is definitely ruled out. For example, documentation in the path report that says, “biopsy for suspected stomach inflammation, no pathologic diagnosis” would not count. Any time there is “no pathologic diagnosis” (or similar phrasing), the case would not count.

2. **If *Helicobacter pylori* organism was not detected in the gastric biopsy sample, will the case fall into the Performance Not Met category?**

No. There must be documentation in the pathology report that specifically states the *H. pylori* organism was either present or absent in the gastric biopsy sample. If there is no documentation on *H. pylori* status (present or otherwise) in the pathology report for reasons not otherwise specified, then the case will fall into the Performance Not Met category.

3. **When looking at each case and there are multiple gastric biopsies for that one case, I only include one of the gastric biopsies, correct?**

Most of our measures are evaluated at the case level, not the specimen level. That means in order for a case to be considered Met, all relevant specimens must be Met. In this case, all gastric biopsies for gastritis must have testing for *H. pylori* completed. If the results are the same on all specimens (for example, if they are all negative), a single statement indicating that would suffice, but it must indicate that testing was completed on all specimens.

If the results are different on each specimen, an individual note must be made about each in order for the case to be Met. This only applies to relevant specimens. For example, if you have a case that includes two gastric biopsies and one esophageal biopsy, we would not be looking for *H. pylori* testing on the esophageal biopsy since that is not part of CAP 28. If a case has “mixed” specimens, for example, one specimen is an Exception and one is Met, we would consider the case Met. The general rule is that if any relevant specimen is Not Met, the case is Not Met. If all relevant specimens are Met, the case is Met. If some specimens are Exceptions and some are Met, it is Met.

4. **Does the result of an *H. Pylori* test need to be reported within 2 business days of the accession date, or can we report that tests are ordered/pending within the 2 business day window (and later report an addendum with the results after the 2 business day window)?**

We need a statement about the presence or absence of *H. pylori*. Unlike the biomarker measures, we cannot accept a statement indicating that testing was ordered. If the testing was ordered but not completed in 2 days, the case can get credit for either the first stratum (when the addendum comes back) or the second stratum (if the report is signed out in 2 days with the testing pending) but not both.

5. **If the biopsy site specimen designation is an Esophageal biopsy or Gastroesophageal biopsy and there is a mention of gastric type mucosa, does this require a mention of H. pylori according to this measure?**

No, only gastric biopsies for gastritis should be included in this measure. No esophagus and no GE Junction

6. **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.