



CMS Measure ID/CMS QCDR ID: CAP28

Measure Title: *Gastritis: Timely Helicobacter pylori Reporting*

Measure Specifications

<p><b>Measure Description</b></p>	<p>Percentage of stomach biopsy cases with gastritis that address the presence or absence of <i>Helicobacter pylori</i></p> <p><b>AND</b></p> <p>meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days)</p> <p>INSTRUCTIONS: This measure has two performance rates that contribute to the overall performance score:</p> <ul style="list-style-type: none"> <li>• <u>Stratum 1</u>: Percent of cases in which presence or absence of <i>Helicobacter pylori</i> is addressed.</li> <li>• <u>Stratum 2</u>: Percent of cases that meet the maximum 2 business day turnaround time.</li> </ul> <p>The overall performance score is a straight average of Stratum 1 and Stratum 2</p>
<p><b>Denominator Statement</b></p>	<p>All final pathology reports for stomach biopsy cases with a diagnosis of chronic gastritis, chronic inactive gastritis, lymphocytic gastritis, chronic active gastritis or gastric lymphoma.</p> <p>CPT®<sup>1</sup>: 88305 (Stomach, biopsy)</p> <p><b>AND</b></p> <p>ICD10:</p> <ul style="list-style-type: none"> <li>• K29.30: Chronic superficial gastritis without bleeding</li> <li>• K29.31: Chronic superficial gastritis with bleeding</li> <li>• K29.40: Chronic atrophic gastritis without bleeding</li> <li>• K29.41: Chronic atrophic gastritis with bleeding</li> <li>• K29.50: Unspecified chronic gastritis without bleeding</li> <li>• K29.51: Unspecified chronic gastritis with bleeding</li> <li>• K29.60: Other gastritis, without bleeding</li> <li>• K29.61: Other gastritis, with bleeding</li> <li>• K29.70: Gastritis, unspecified, without bleeding</li> <li>• K29.71: Gastritis, unspecified, with bleeding</li> <li>• C85.99: Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites</li> </ul> <p>The denominator must be met between 01/01 and 12/26 of the performance year. This is to provide sufficient time for the performance of the numerator to be met and documented within the performance period.</p>
<p><b>Denominator Exclusions</b></p>	<p>Gastric resections</p>

<sup>1</sup> CPT copyright: 2023 American Medical Association. All rights reserved.  
Last updated: 12/04/2023



<b>Denominator Exceptions</b>	<p>Stratum 2 (TAT) Only: Cases requiring intra-departmental or extra-departmental consultation</p> <p><u>Note</u>: cases requiring intra- or extra-departmental consultation will be evaluated for a statement regarding presence or absence of <i>Helicobacter pylori</i></p>
<b>Numerator Statement</b>	<p>Stratum 1: Final pathology reports that address the presence or absence of <i>Helicobacter pylori</i> organisms</p> <p><b>AND</b></p> <p>Stratum 2: Final pathology report that is verified in the laboratory/hospital information system and available to the requesting physician(s) within 2 business days.</p>
<b>Numerator Exclusions</b>	None
<b>Guidance</b>	<p>Numerator definitions:</p> <ol style="list-style-type: none"> <li>1. The presence or absence of <i>Helicobacter pylori</i> can be determined by any method deemed appropriate by the case pathologist, including but not limited to routine H&amp;E sections, immunohistochemical stains, or special stains.</li> <li>2. Turnaround Time (TAT): The day the specimen is accessioned in the lab to the day the final report is signed out. Business days counted only.</li> <li>3. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory.</li> <li>4. Report Date: The date recorded in the laboratory/hospital information system that documents when a result is verified (i.e. released with a final diagnosis) by the pathologist, reported by the laboratory information system and is available to the requesting physician(s)</li> </ol>
<b>Measure Information</b>	
<b>NQS Domain</b>	Communication and Care Coordination
<b>Meaningful Measures Area(s)</b>	Transfer of Health Information and Interoperability
<b>Meaningful Measure Rationale</b>	<p><i>Helicobacter pylori</i> infection increases the risk for gastric cancer; treatment of the infection reduces that risk and can only be effectively applied following appropriate testing (1).</p> <p>The average TAT for surgical pathology reports is an indicator of a laboratory's efficiency and can also affect coordination of patient care. Prior studies have shown that the average time to verification is 2 days (2-5).</p> <ol style="list-style-type: none"> <li>1. Batts KP, et al Appropriate use of special stains for identifying <i>Helicobacter pylori</i>: Recommendations from the Rodger C. Haggitt Gastrointestinal Pathology Society. Am J Surg Pathol. 2013 Nov;37(11):e12-22</li> </ol>



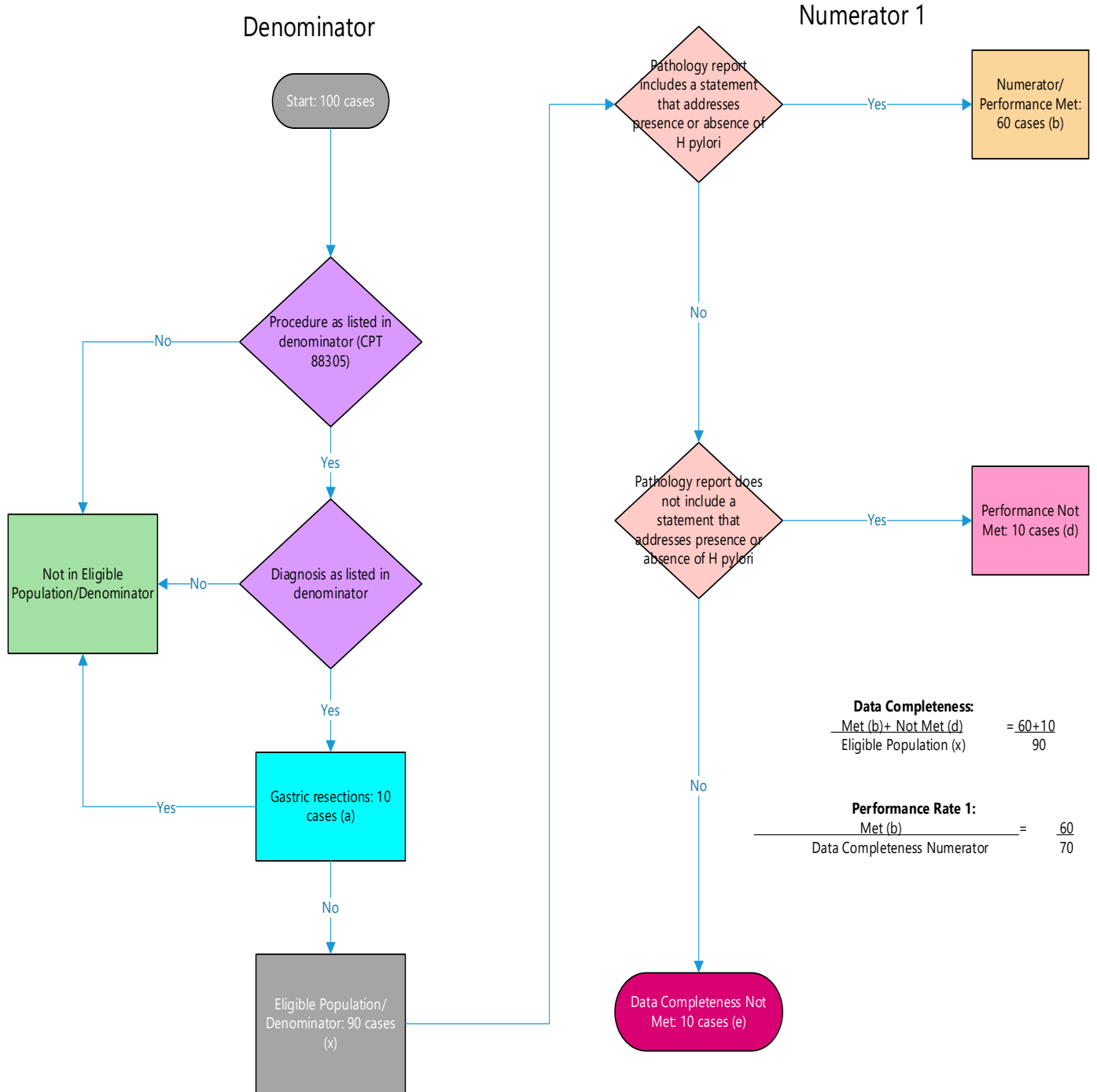
	<ol style="list-style-type: none"> <li>2. Novis DA1, Zarbo RJ, Saladino AJ. Arch Pathol Lab Med. Interinstitutional comparison of surgical biopsy diagnosis turnaround time: A College of American Pathologists Q-Probes study of 5384 surgical biopsies in 157 small hospitals. 1998 Nov;122(11):951-6.</li> <li>3. Alshieban S. and Al-Surimi K. Reducing turnaround time of surgical pathology reports in pathology and laboratory medicine departments. BMJ Qual Improv Rep. 2015 Nov 24;4(1). pii: u209223.w3773. doi: 10.1136/bmjquality.u209223.w3773. eCollection 2015.</li> <li>4. Volmar, KE et al. Turnaround Time for Large or Complex Specimens in Surgical Pathology: A College of American Pathologists Q-Probes Study of 56 Institutions. Archives of pathology &amp; laboratory medicine. 139. 171-7. 10.5858/arpa.2013-0671-CP. 2015.</li> <li>5. Patel, S. et al. Factors that impact turnaround time of surgical pathology specimens in an academic institution. Hum Pathol. 2012 Sep;43(9):1501-5. doi: 10.1016/j.humpath.2011.11.010. Epub 2012 Mar 8.</li> </ol>
<b>Measure Type</b>	Process
<b>Data Source</b>	Laboratory Information Systems; pathology reports
<b>Summary of Performance Gap Evidence</b>	<p>For performance year 2021, 34 reporting entities submitted data on this measure to CMS, ranging from 20 cases to 26,290 cases. Performance scores range from 65.13% to 100% with an average performance of 94.31%.</p> <p>For January 1st to July 1st 2022, 22 reporting entities have entered data on this measure into the Pathologists Quality Registry, ranging from 5 cases to 12,672 cases. Performance scores range from 89.42% to 100% with an average performance of 97.5%</p> <p>In a study of individual pathologists, clinicians reported H. pylori diagnostic rates ranging from 3.6% to 34.1% (median: 11.1%) and IHC utilization ranging from 17.1% to 95.2% (median: 42.2%) (1). More recently, a study found that "The analysis of baseline testing practices showed a 57% testing rate for H. Pylori". They conclude that "Low baseline inpatient testing for H. Pylori represents a missed opportunity to test a substantial number of high-risk patients" (2)</p> <p>1. Jung Son; Benjamin Lebwohl ;Antonia Sepulveda; Stephen Lagana (2018) Utilization Rate of Helicobacter pylori Immunohistochemistry Is Not Associated With the Diagnostic Rate of Helicobacter pylori Infection. Applied Immunohistochemistry &amp; Molecular Morphology. Publish Ahead of Print(;), NOV 2018</p> <p>2. Heffley, J.D. and Zubarik, R. (2021), A standardized protocol improves testing rates for Helicobacter Pylori among inpatients with peptic ulcer disease. Helicobacter, 26: e12800. <a href="https://doi.org/10.1111/hel.12800">https://doi.org/10.1111/hel.12800</a></p>
<b>Measure Owner</b>	College of American Pathologists



<b>NQF ID</b>	N/A
<b>Number of Performance Rates</b>	1
<b>Overall Performance Rate</b>	1 <sup>st</sup> Performance Rate
<b>High-priority</b>	Yes
<b>Improvement Notation</b>	Inverse Measure: No <b>Proportional Measure: Yes (Higher score indicates better quality)</b> Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
<b>Care Setting and Specialty</b>	Care Setting: Other—Laboratories; Telehealth not applicable Specialty: Pathology
<b>Submission Pathway</b>	Traditional MIPS Only



Measure Flow  
Performance Rate 1:





Performance Rate 2:

