### CAP QCDR Measure

**Timely Helicobacter pylori Reporting**

**CMS Measure ID/CMS QCDR ID:** CAP28  
**Measure Title:** Gastritis: Timely Helicobacter pylori Reporting

#### Measure Specifications

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Percentage of stomach biopsy cases with gastritis that address the presence or absence of <em>Helicobacter pylori</em> AND meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days)</th>
</tr>
</thead>
</table>

**INSTRUCTIONS:** This measure has two performance rates that contribute to the overall performance score:
- **Stratum 1:** Percent of cases in which presence or absence of *Helicobacter pylori* is addressed.
- **Stratum 2:** Percent of cases that meet the maximum 2 business day turnaround time.

The overall performance score is a straight average of Stratum 1 and Stratum 2.

| Denominator Statement | 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.  
CPT®1: 88305 (Stomach, biopsy) AND ICD10:  
- K29.30: Chronic superficial gastritis without bleeding  
- K29.31: Chronic superficial gastritis with bleeding  
- K29.40: Chronic atrophic gastritis without bleeding  
- K29.41: Chronic atrophic gastritis with bleeding  
- K29.50: Unspecified chronic gastritis without bleeding  
- K29.51: Unspecified chronic gastritis with bleeding  
- K29.60: Other gastritis, without bleeding  
- K29.61: Other gastritis, with bleeding  
- K29.70: Gastritis, unspecified, without bleeding  
- K29.71: Gastritis, unspecified, with bleeding  
- C85.99: Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites |

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.

| Denominator Exclusions | Gastric resections |

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### Denominator Exceptions

<table>
<thead>
<tr>
<th>Stratum 2 (TAT) Only: Cases requiring intra-departmental or extra-departmental consultation</th>
</tr>
</thead>
</table>

**Note:** cases requiring intra- or extra-departmental consultation will be evaluated for a statement regarding presence or absence of *Helicobacter pylori*.

### Numerator Statement

| Stratum 1: Final pathology reports that address the presence or absence of *Helicobacter pylori* organisms **AND** 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. |

### Numerator Exclusions

None

### Guidance

Numerator definitions:

1. The presence or absence of *Helicobacter pylori* can be determined by any method deemed appropriate by the case pathologist, including but not limited to routine H&E sections, immunohistochemical stains, or special stains.

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.

3. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory.

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).

### Measure Information

**NQS Domain**

Communication and Care Coordination

**Meaningful Measures Area(s)**

Transfer of Health Information and Interoperability

**Meaningful Measure Rationale**

*Helicobacter pylori* infection increases the risk for gastric cancer; treatment of the infection reduces that risk and can only be effectively applied following appropriate testing (1).

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).


<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source</td>
<td>Laboratory Information Systems; pathology reports</td>
</tr>
</tbody>
</table>
| Summary of Performance Gap Evidence | 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%.

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%

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)

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 & Molecular Morphology. Publish Ahead of Print(), NOV 2018


Measure Owner: College of American Pathologists
<table>
<thead>
<tr>
<th><strong>NQF ID</strong></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Performance Rates</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Overall Performance Rate</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Performance Rate</td>
</tr>
<tr>
<td><strong>High-priority</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>
| **Improvement Notation** | Inverse Measure: No  
Proportional Measure: Yes (Higher score indicates better quality)  
Continuous Variable Measure: No  
Ratio Measure: No  
Risk-adjusted: No |
| **Care Setting and Specialty** | Care Setting: Other—Laboratories; Telehealth not applicable  
Specialty: Pathology |
| **Submission Pathway** | Traditional MIPS Only |
Measure Flow

Performance Rate 1:

Denominator

Start: 100 cases

Procedure as listed in denominator (CPT 88305)

Not in Eligible Population/Denominator

Diagnosis as listed in denominator

Gastric resections: 10 cases (a)

Eligible Population/Denominator: 90 cases (x)

Numerator 1

Pathology report includes a statement that addresses presence or absence of H pylori

Pathology report does not include a statement that addresses presence or absence of H pylori

Performance Not Met: 10 cases (d)

Data Completeness: Met (b) + Not Met (d) = 60 + 10
Eligible Population (x) = 90

Performance Rate 1: Met (b) = 60
Data Completeness Numerator = 70
Performance Rate 2:

**Denominator**
- Start: 100 cases

**Procedure as listed in denominator (CPT 88305)**
- Yes
- No

**Not in Eligible Population/Denominator**
- Yes
- No

**Diagnosis as listed in denominator**
- Yes
- No

**Gastric resections: 10 cases (a)**
- Yes
- No

**Eligible Population/Denominator: 90 cases (x)**

**Numerator 2**

**Pathology report is verified and available to the requesting physician within 2 business days**
- Yes
- No

**Cases requires intra- or extra-departmental consultation**
- Yes
- No

**Pathology report is not verified and available to the requesting physician within 2 business days**
- Yes
- No

**Performance Met: 60 cases (b)**
- Yes
- No

**Denominator Exception: 10 cases (c)**
- Yes
- No

**Performance Not Met: 10 cases (d)**
- Yes
- No

**Data Completeness: Denominator Exceptions (c)+Met (b)+ Not Met (d) = 10+60+10**

**Eligible Population (x) = 90**

**Performance Rate 2:**
- Met (b) = 60
- Data Completeness Numerator – Denominator Exceptions (c) = 70

**Overall Performance Rate:**
- \( \frac{(Numerator 1+Numerator 2)}{(Denominator 1+Denominator 2)} = \frac{(60+60)}{(90+90)} = 66.7\% \)