<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>
<tbody>
<tr>
<td><strong>INSTRUCTIONS:</strong> This measure has two performance rates that contribute to the overall performance score:</td>
<td></td>
</tr>
<tr>
<td>• <strong>Stratum 1:</strong> Percent of cases in which presence or absence of <em>Helicobacter pylori</em> is addressed.</td>
<td></td>
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<tr>
<td>• <strong>Stratum 2:</strong> 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.</td>
<td></td>
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<tr>
<td><strong>Denominator Statement</strong></td>
<td>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®: 88305 (Stomach, biopsy) AND ICD10:</td>
</tr>
<tr>
<td>• K29.30: Chronic superficial gastritis without bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.31: Chronic superficial gastritis with bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.40: Chronic atrophic gastritis without bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.41: Chronic atrophic gastritis with bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.50: Unspecified chronic gastritis without bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.51: Unspecified chronic gastritis with bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.60: Other gastritis, without bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.61: Other gastritis, with bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.70: Gastritis, unspecified, without bleeding</td>
<td></td>
</tr>
<tr>
<td>• K29.71: Gastritis, unspecified, with bleeding</td>
<td></td>
</tr>
<tr>
<td>• C85.99: Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Denominator Exclusions</strong></td>
<td>Gastric resections</td>
</tr>
</tbody>
</table>
### Denominator Exceptions
- Stratum 2 (TAT) Only: Cases requiring intra-departmental or extra-departmental consultation  

**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).  
### Measure Type
Process

### Data Source
Laboratory Information Systems; pathology reports

### Summary of Performance Gap
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)

### Evidence
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>NQF ID</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Performance Rates</td>
<td>1</td>
</tr>
<tr>
<td>Overall Performance Rate</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Performance Rate</td>
</tr>
<tr>
<td>High-priority</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 |
Performance Rate 2:

**Denominator**
- Start: 100 cases
- Procedure as listed in denominator (CPT 88310)
- Diagnosis as listed in denominator
  - Yes
  - No
  - Not in Eligible Population/Denominator
  - Yes
  - No
- Gastric resections: 10 cases (a)
- Eligible Population/Denominator: 90 cases (x)

**Numerator 2**
- Pathology report is verified and available to the requesting physician within 2 business days
  - Yes
  - No
  - Denominator Exception: 10 cases (c)

**Data Completeness**
- Denominator Exceptions (c)+Met (b)+ Not Met (d) = 10 +60+10
- Eligible Population (x) = 90

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

**Overall Performance Rate**
- (Numerator 1+Numerator 2)/(Denominator 1+Denominator 2) = (60+60)/(90+90) = 66.7%

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