



CMS Measure ID/CMS QCDR ID: CAP 28

Measure Title: *Helicobacter pylori* Status and Turnaround Time

Measure Specifications

Measure Description	<p>Percentage of stomach biopsy cases with gastritis that address the presence or absence of <i>Helicobacter pylori</i></p> <p>AND</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">• <u>Stratum 1</u>: Percent of cases in which presence or absence of <i>Helicobacter pylori</i> is addressed.• <u>Stratum 2</u>: Percent of cases that meet the maximum 2 business day turnaround time. <p>The overall performance score is a straight average of Stratum 1 and Stratum 2</p>
Denominator Statement	<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®¹: 88305 (Stomach, biopsy)</p> <p>AND</p> <p>ICD10:</p> <ul style="list-style-type: none">• 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 <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>
Denominator Exclusions	<p>Gastric resections</p>

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Denominator Exceptions	Stratum 2 (TAT) Only: Cases requiring intra-departmental or extra-departmental consultation <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>
Numerator Statement	Stratum 1: Final pathology reports that address the presence or absence of <i>Helicobacter pylori</i> 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: <ol style="list-style-type: none"> 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&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	<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"> 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



	<ol style="list-style-type: none"> 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. 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. 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 & laboratory medicine. 139. 171-7. 10.5858/arpa.2013-0671-CP. 2015. 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.
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	<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 <i>H. pylori</i> 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).</p> <p>More recently, a study found that "The analysis of baseline testing practices showed a 57% testing rate for <i>H. Pylori</i>". They conclude that "Low baseline inpatient testing for <i>H. Pylori</i> 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 & 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. https://doi.org/10.1111/hel.12800</p>
Measure Owner	College of American Pathologists

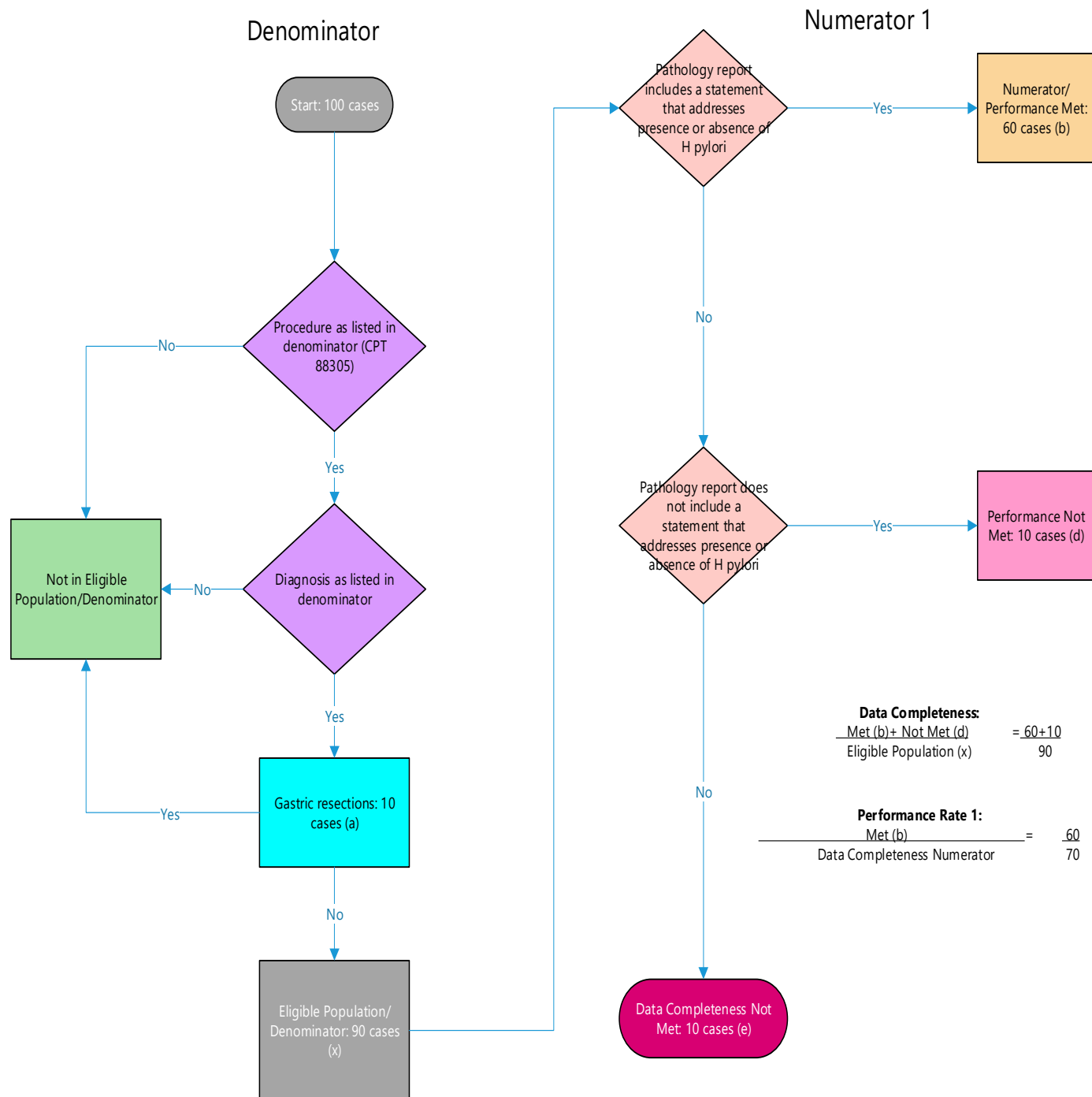


NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1 st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No Proportional Measure: Yes (Higher score indicates better quality) Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Care Setting and Specialty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



Measure Flow

Performance Rate 1:





Performance Rate 2:

