

CAP 30: Urinary Bladder Biopsy Diagnostic Requirements for Appropriate Patient Management

1. Is "Invasion into the lamina propria" sufficient documentation to say the specimen is metastatic carcinoma which is an Exception to this measure?

No. "Invasion into the lamina propria" is not sufficient documentation to say the specimen is metastatic carcinoma. For bladder cancer, invasion into the lamina is stage T1. In order to be metastatic, the cancer has to spread to the lymph nodes outside of the pelvis. This case would be considered Met.

2. In regard to the denominator statement for each measure, should I take it literally, as in, if it lists ICD-10 codes do they HAVE to be present in the report for the case to be counted? For example, for CAP30 several clinicians provide a narrative history of bladder cancer, but do not provide a corresponding ICD-10 code. Should those cases be counted?

Yes, we require that the ICD-10 code is present on the case to confirm the diagnosis. We have encountered issues where a case has a historical diagnosis of bladder cancer but the current specimen is not being evaluated for bladder cancer (for example, a prostate specimen). Because the data elements in CAP 30 do not apply to non-bladder specimens, we do not accept non-bladder samples so we must have the ICD-10, not just a narrative history.

3. If the patient has a history of bladder cancer but a current negative diagnosis, is that case included?

If a patient has a history of bladder cancer and the practice receives a bladder biopsy to evaluate for residual cancer, that would be part of the measure; if there is no residual cancer, it should be marked as an Exception. If a patient has a history of bladder cancer and the practice receives an unrelated specimen to evaluate for some other condition that would not be part of the measure unless it was coded with the ICD-10 for bladder cancer. If it is coded with the relevant ICD-10 code (for instance, a prostate biopsy in a patient who previously had bladder cancer that is coded with C67.2), that can also be marked as an Exception.

4. Do I only count cases with invasive urothelial carcinoma (high-grade or above)? Do low-grade and in situ urothelial carcinomas count too?

Low- and high-grade urothelial carcinomas are included but, NOT in situ.

5. Does it apply to TUR specimens also or only for radical curative surgery (cystectomy)?

This measure applies only to bladder biopsies and TURBTs, cystectomies are not included in this measure. The requirements for cystectomy are different, and much more extensive.