CMS Measure ID/CMS QCDR ID: CAP43
Measure Title: Complete Reporting of Gastrointestinal Metaplasia

Measure Specifications

Measure Description	Percentage of pathology reports for gastric specimens with intestinal metaplasia that comment on the presence or absence of H. pylori and of dysplasia. If dysplasia is present, comment on the grade of dysplasia. If dysplasia is not present, comment on completeness of intestinal metaplasia.
Denominator Statement	All pathology reports for gastric specimens with intestinal metaplasia CPT©: 88305 (stomach, biopsy) 88307 (Stomach - subtotal/total resection, other than for tumor) **AND** ICD-10 • K31.A0 Gastric intestinal metaplasia, unspecified • K31.A11 Gastric intestinal metaplasia without dysplasia involving the antrum • K31.A12 Gastric intestinal metaplasia without dysplasia involving the body (corpus) • K31.A13 Gastric intestinal metaplasia without dysplasia involving the fundus • K31.A14 Gastric intestinal metaplasia without dysplasia involving the cardia • K31.A15 Gastric intestinal metaplasia without dysplasia involving multiple sites • K31.A19 Gastric intestinal metaplasia without dysplasia, unspecified site • K31.A21 Gastric intestinal metaplasia with low grade dysplasia • K31.A22 Gastric intestinal metaplasia with high grade dysplasia • K31.A29 Gastric intestinal metaplasia with dysplasia, unspecified
Denominator Exclusions	Specimen of the gastroesophageal (GE) junction
Denominator Exceptions	Gastric carcinoma Not a gastric specimen (e.g. lymph nodes)
Numerator Statement	Pathology reports that comment on the presence or absence of H pylori and of dysplasia, and if dysplasia is present, comment on grade. If dysplasia is not present, comment on completeness of intestinal metaplasia.
Numerator Exclusions	None
Guidance	
Measure Information	
NQS Domain	Communication and Care Coordination

Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	In addition to assessing the anatomic extent of GIM and the presence of H. pylori, biopsy specimens can also be used to characterize the histologic subtype of GIM (complete vs. incomplete) and evaluate the severity of underlying gastric atrophy and inflammation. All abnormal areas identified during endoscopy should be documented in the endoscopic report and biopsied separately. Ideally, each biopsy specimen should be placed in a separately labeled container to facilitate accurate histopathologic analysis. This approach is essential for determining the distribution of GIM and refining risk assessment for non-cardia gastric adenocarcinoma (1). 1.Huang, R. J., Choi, A. Y., Truong, C. D., Yeh, M. M., & Hwang, J. H. (2019). Diagnosis and Management of Gastric Intestinal Metaplasia: Current Status and Future Directions. Gut and liver, 13(6), 596–603. https://doi.org/10.5009/gnl19181
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	31 clinicians representing 1 reporting entity had data as of 23 July 2025. The average performance rate was 74.61% with scores ranging from 27.27% to 100%. In the United States, approximately 26,240 new cases of gastric cancer (GC) are diagnosed each year. Most of these cases originate in the non-cardia region of the stomach and are histologically classified as intestinal-type gastric adenocarcinoma (NCGA). Effective risk stratification is essential for determining whether endoscopic surveillance of gastric intestinal metaplasia (GIM) is appropriate and can support shared decision-making between clinicians and patients. However, U.S. pathologists rarely distinguish between complete and incomplete types of GIM in routine diagnostic reports. This practice raises concerns about the feasibility of incorporating GIM subtype into risk stratification without a significant educational effort aimed at pathologists. Further research is needed to evaluate the potential benefits of routinely characterizing GIM subtypes—particularly the distinction between complete and incomplete intestinal metaplasia—in the U.S. pathology workflow. Gupta, S., Li, D., El Serag, H. B., Davitkov, P., Altayar, O., Sultan, S., Falck-Ytter, Y., & Mustafa, R. A. (2020). AGA Clinical Practice Guidelines on Management of Gastric Intestinal Metaplasia. Gastroenterology, 158(3), 693–702. https://doi.org/10.1053/j.gastro.2019.12.003

Measure Owner	College of American Pathologists
CBE ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st 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
Current Clinical Guideline the Measure is Derived From	The American Gastroenterological Association (AGA) Clinical Guidelines on Management of Gastric Intestinal Metaplasia, the majority of gastric cancers in the United States are non-cardia gastric cancers, typically originating in the antrum, incisura, body, or fundus of the stomach. Chronic infection with Helicobacter pylori is the primary risk factor for intestinal-type non-cardia gastric cancer, accounting for at least 80% of gastric cancer cases globally. This subtype, the most common histologic form of gastric cancer, follows a well-established progression known as the Correa cascade—from normal mucosa to non-atrophic gastritis, atrophic gastritis, intestinal metaplasia, and ultimately gastric adenocarcinoma. Gastric intestinal metaplasia (GIM) is considered the histologic stage immediately preceding dysplasia (1). GIM has emerged as a key marker for identifying patients who may benefit from surveillance, given its association with an elevated risk of gastric cancer and its frequent occurrence in clinical practice. A meta-analysis found that patients with incomplete GIM had a threefold higher risk of developing gastric cancer compared to those with complete GIM (RR 3.33; 95% CI, 1.96–5.64) (1). 1.Gupta, S., Li, D., El Serag, H. B., Davitkov, P., Altayar, O., Sultan, S., Falck-Ytter, Y., & Mustafa, R. A. (2020). AGA Clinical Practice Guidelines on Management of Gastric Intestinal Metaplasia. Gastroenterology, 158(3), 693–702. https://doi.org/10.1053/j.gastro.2019.12.003

Measure Flow