QPP 491: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

Are endometrial curettings included in this measure?

Yes, endometrial curettings are included in the denominator of this measure.

Which squamous cell carcinomas are removed from this measure?

Based on the CAP guideline, esophageal squamous cell carcinoma specimens are entirely excluded from this measure. No other squamous cell carcinomas are explicitly ruled out in the guideline.

However, if it is the medical judgment of the pathologist and/or the oncologist that MMR/MSI testing is not appropriate on a squamous cell carcinoma specimen (for example, if the cancer will not be treated with checkpoint inhibitor therapy), such specimens can be marked as Exceptions for 2025 and moving forward.

Rectal squamous cell carcinomas may fall into this category. It would be best if the pathologists were able to insert some phrase within the pathology report indicating that MMR/MSI testing is not appropriate in these cases.

CAP 22: Biopsy Reporting Time to Clinician

Are stomach biopsies for gastritis still removed from the denominator?

Yes, due to the timing of CMS rejecting CAP 28 from the program stomach biopsies for gastritis are still removed from the denominator of CAP22.

CAP 30: Urinary Bladder Cancer Complete Analysis and Timely Reporting

Do we need to mention in the pathology report extent of invasion even if there is none?

We understand this data element may seem duplicative; if the Histologic Type is ‘non-invasive urothelial carcinoma’, that is sufficient reporting for the extent of invasion as well.

CAP 40: Squamous Cell Skin Cancer: Complete Reporting

Are biopsy specimens considered an Exception for CAP40?

Yes, biopsy and cytology specimens for SCC are considered Exceptions for CAP40.

Our pathologists are documenting “SQUAMOUS CELL CARCINOMA with NEGATIVE MARGINS” without documentation for perineural invasion & lymphovascular invasion. Is this documentation sufficient to consider as “Performance Met” criteria considering margins are negative? There is no documentation for perineural invasion & lymph vascular invasion in medical record.

No, margin status is not indicative of perineural invasion and lymphovascular invasion.

CAP 41: Basal Cell Skin Cancer: Complete Reporting

Are biopsy specimens considered an Exception for CAP41?

Yes, biopsy and cytology specimens for BCC are considered Exceptions for CAP41.

Our pathologists are documenting "BASAL CELL CARCINOMA with NEGATIVE MARGINS" without documentation for perineural invasion & lymphovascular invasion. Is this documentation sufficient to consider as "Performance Met" criteria considering margins are negative? There is no documentation for perineural invasion & lymph vascular invasion in medical record.

No, margin status is not indicative of perineural invasion and lymphovascular invasion.

CAP 42: Barrett's Esophagus: Complete Analysis with Appropriate Consultation

Do you have to specify the name of the second pathologist? Or, will stating, "this case was reviewed in intradepartmental consultation", suffice the measure?

You do not need to name the consulting pathologist. We ask that documentation indicate relatively "real time" consultation. We do not accept intradepartmental reviews performed 6 months later for this measure.

Can I report QPP 249 if reporting CAP 42?

No, per CMS, you cannot report both QPP 249 and CAP 42 to CMS within the same performance period.

When there is no dysplasia, a consult is not being obtained; since the denominator is now met with diagnosis codesK22.70 and CPT 88305, should these cases be reported as an exception?

A case of Barrett's without dysplasia should be marked as Met as long as there is clear documentation in the pathology report that there is no dysplasia.