CMS Measure ID/CMS QCDR ID: CAP 21

Measure Title: High Risk HPV Testing in Cytopathology Specimens for Patients with Oropharyngeal Squamous Cell Carcinoma (OPSCC)

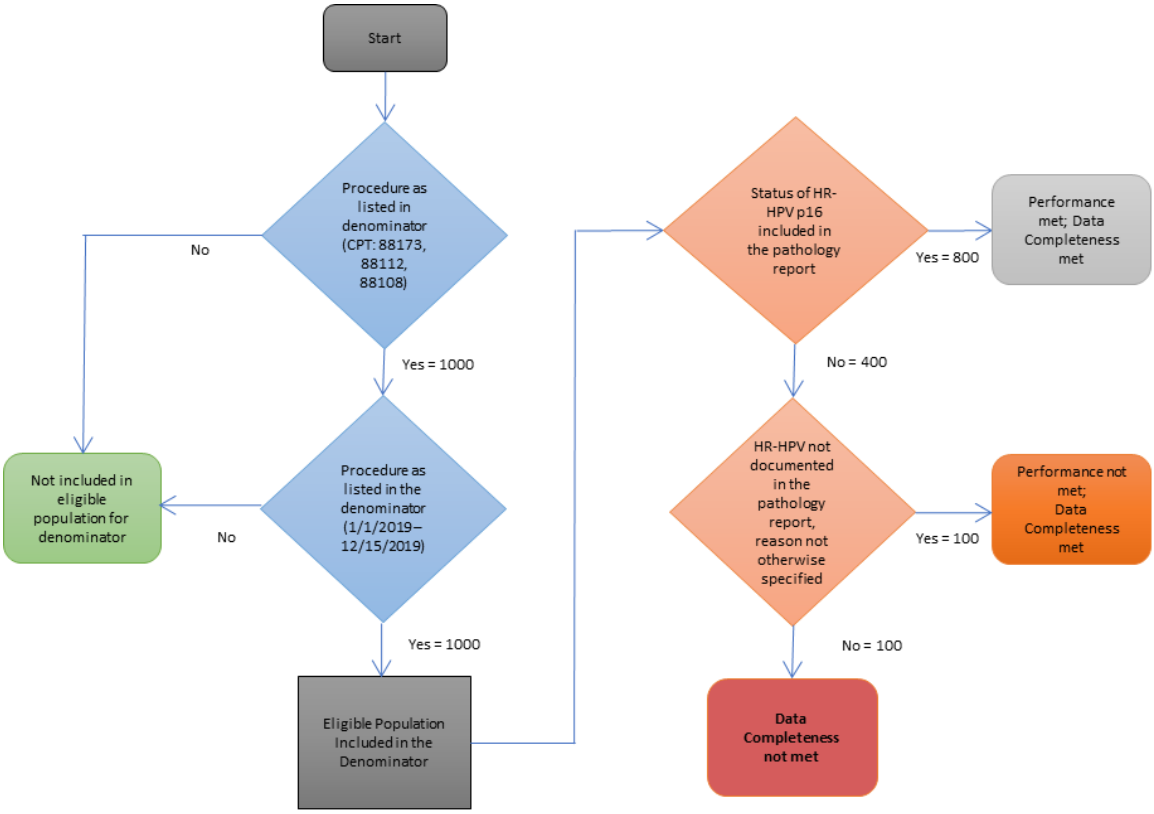
Measure Specifications

Measure Description	Percentage of cytopathology reports from samples of known or suspected oropharyngeal squamous cell carcinoma or metastatic SCC of unknown primary that include high risk HPV testing status. INSTRUCTIONS: This measure is to be reported each time a cytopathology report from samples of known or suspected oropharyngeal squamous cell carcinoma or metastatic SCC of unknown primary is finalized during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.
Denominator Statement	All cytopathology reports from samples of known or suspected oropharyngeal squamous cell carcinoma or metastatic SCC of unknown primary. CPT®: 88173, 88112, 88108 **AND** ICD-10: • C09.0: Malignant neoplasm of tonsillar fossa • C09.1: Malignant neoplasm of tonsillar pillar (anterior) (posterior) • C09.8: Malignant neoplasm of overlapping sites of tonsil • C09.9: Malignant neoplasm of tonsil, unspecified • C10.0: Malignant neoplasm of vallecula • C10.1: Malignant neoplasm of anterior surface of epiglottis • C10.2: Malignant neoplasm of lateral wall of oropharynx • C10.3: Malignant neoplasm of posterior wall of oropharynx • C10.4: Malignant neoplasm of branchial cleft • C10.8: Malignant neoplasm of overlapping sites of oropharynx • C10.9: Malignant neoplasm of oropharynx, unspecified • C12: Malignant neoplasm of pyriform sinus • C13.0: Malignant neoplasm of postcricoid region • C13.1: Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect • C13.2: Malignant neoplasm of posterior wall of hypopharynx • C13.8: Malignant neoplasm of overlapping sites of hypopharynx • C13.9: Malignant neoplasm of hypopharynx, unspecified • C14.0: Malignant neoplasm of pharynx, unspecified • C14.2: Malignant neoplasm of Waldeyer's ring • C14.8: Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
Denominator Exclusions	None

Denominator Exceptions	None
Numerator Statement	Cytopathology reports from samples of known or suspected oropharyngeal squamous cell carcinoma or metastatic SCC of unknown primary that include high risk HPV testing status utilizing any method deemed appropriate and properly validated by the lab, including (but not limited to) p16 immunohistochemistry or direct HR-HPV testing (FISH, mRNA, etc.) Numerator Description: • HR-HPV status may include: • HR-HPV/p16 positive • HR-HPV/p16 negative • HR-HPV/p16 previously performed • HR-HPV/p16 cannot be determined
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	Human papillomavirus (HPV) is a major cause of OPSCC and has contributed to its increased incidence. It is crucial to determine the HPV status of squamous cell carcinomas of the oropharynx as these tumors have a better prognosis, and treating clinicians utilize this information when developing a treatment plan for patients, which may include less aggressive treatment modalities. The current literature suggests that between 25 and 60% of head and neck cancers are associated with HPV infection with an increasing incidence in recent years. The measure is designed to account for situations where it is not appropriate, safe or possible to obtain a cytological or histological diagnosis due to the performance status of the patient or the advanced nature of the disease. In addition, it is intended to reflect factors relating to patient choice. 1. Lewis JS Jr, Beadle B, Bishop JA, et al. Human papillomavirus testing in head and neck carcinomas: guideline from the College of American Pathologists [published online December 18, 2017]. Arch Pathol Lab Med.
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance	N/A

Gap Evidence	
Measure Owner	College of American Pathologists
NQF 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
Specialty	Pathology
Current Clinical Guideline the Measure is Derived From	Pathologists should perform high-risk human papillomavirus (HR-HPV) testing on all patients with newly diagnosed oropharyngeal squamous cell carcinoma (OPSCC), including all histologic subtypes. This testing may be performed on the primary tumor or on a regional lymph node metastasis when the clinical findings are consistent with an oropharyngeal primary. (Strong Recommendation) Pathologists should routinely perform HR-HPV testing on patients with metastatic SCC of unknown primary in a cervical upper or mid jugular chain lymph node. An explanatory note on the significance of a positive HPV result is recommended. (Recommendation) Pathologists should perform HR-HPV testing on head and neck fine needle aspiration (FNA) SCC samples from all patients with known OPSCC not previously tested for HR-HPV, with suspected OPSCC, or with metastatic SCC of unknown primary. Note: No recommendation is made for or against any specific testing methodology for HRHPV testing in FNA samples. If the result of HR-HPV testing on the FNA sample is negative, testing should be performed on tissue if it becomes available. If pathologists use cytology samples for p16 IHC testing, they should validate the criteria (ie, cutoff) for a positive result. (Expert Consensus Opinion) 1. Lewis JS Jr, Beadle B, Bishop JA, et al. Human papillomavirus testing in head and neck carcinomas: guideline from the College of American Pathologists [published online December 18, 2017]. Arch Pathol Lab Med.

Measure Flow



Data Completeness =
Performance Met + Performance Not Met = 800 + 100 = 90%
Eligible Population 1000

Performance Rate =
Performance Met = 800 = 80%
Data completeness Numerator 1000