### Measure Description

Percentage of stomach biopsy cases with gastritis that addresses presence or absence of *Helicobacter pylori* included

**AND**

meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days).\(^1\)

### INSTRUCTIONS

This measure has two performance rates that contribute to the overall performance score:

1. Percent of cases in which presence or absence of *Helicobacter pylori* is addressed.
2. Percent of cases that meet the maximum 2 business day turnaround time.

The overall performance score submitted is a weighted average of:

\[
\frac{(\text{Numerator 1} + \text{Numerator 2})}{(\text{Denominator 1} + \text{Denominator 2})}
\]

### Denominator Statement

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.

CPT\(^2\): 88305

**AND**

ICD-10:

- K29.20: Alcoholic gastritis without bleeding
- K29.30: Chronic superficial gastritis without bleeding
- K29.31: Chronic superficial gastritis with bleeding
- K29.4: Chronic atrophic gastritis
- K29.40: Chronic atrophic gastritis without bleeding
- K29.41: Chronic atrophic gastritis with bleeding
- K29.5: Unspecified chronic gastritis
- K29.50: Unspecified chronic gastritis without bleeding
- K29.51: Unspecified chronic gastritis with bleeding
- K29.70: Gastritis, unspecified, without bleeding
- K29.71: Gastritis, unspecified, with bleeding

### Denominator Exclusions

Gastric resections

### Denominator Exceptions

Cases requiring intra-departmental or extra-departmental consultation

### Numerator Statement

Final pathology report for stomach biopsy cases with a diagnosis of chronic gastritis, chronic inactive gastritis, lymphocytic gastritis, chronic active gastritis or gastric lymphoma that address the presence or absence of *Helicobacter pylori* organisms

**AND**

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\(^1\) Highlights indicate changes from 2018 reporting to 2019 reporting

\(^2\) CPT copyright: 2018 American Medical Association. All rights reserved.
The final pathology report is in the laboratory/hospital information system with result verified and reported by the laboratory, available to the requesting physician(s) within 2 business days.

Numerator definitions:
1. The presence or absence of *Helicobacter pylori* 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. Documentation of the presence of absence of *Helicobacter pylori* can occur anywhere in the final pathology report deemed appropriate by the case pathologist (e.g. final diagnosis line, microscopic description, comment, etc.).
3. 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.
4. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory.
5. Report Date: The date recorded in the laboratory/hospital information system that documents when a result is verified and reported by the laboratory and is available to the requesting physician(s) (signed out).

**Numerator Exclusions**
None

**Measure Information**

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<td>Transfer of Health Information and Interoperability</td>
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**Meaningful Measure Rationale**

*Helicobacter pylori* infection increases the risk for gastric cancer; treatment of the infection reduces that risk and can only be effectively applied following appropriate testing (1).

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).

3. Alshieban S. and Al-Surimi K. Reducing turnaround time of surgical pathology reports in pathology and laboratory medicine departments.


Measure

<table>
<thead>
<tr>
<th>Type</th>
<th>Process</th>
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<tbody>
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<td>Data Source</td>
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<tr>
<td>Measure Owner</td>
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<td>NQF ID</td>
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<td>Number of Performance Rates</td>
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<td>High-priority</td>
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<tr>
<td>Improvement Notation</td>
<td>Inverse Measure: No Proportional Measure: Yes (Higher score indicates better quality) Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No</td>
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<td>Specialty</td>
<td>Pathology</td>
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<td>Current Clinical Guideline the Measure is Derived From</td>
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</table>
Weighted Score: \( \frac{(\text{Numerator 1} + \text{Numerator 2})}{(\text{Denominator 1} + \text{Denominator 2})} \)

Overall Performance Score = \( \frac{600 + 600}{900 + 800} \)

= 70% (Score submitted to CMS)