

**Quality ID #249 (NQF 1854): Barrett's Esophagus**

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Transfer of Health Information and Interoperability

**2020 COLLECTION TYPE:**

MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia

**INSTRUCTIONS:**

This measure is to be submitted **each time** a patient's surgical pathology report demonstrates Barrett's Esophagus; however, only one quality-data code (QDC) per date of service for a patient is required. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

All surgical pathology biopsy reports for Barrett's Esophagus

**Denominator Criteria (Eligible Cases):**

Diagnosis for Barrett's Esophagus (ICD-10-CM): K22.70, K22.710, K22.711, K22.719

**AND**

Patient procedure during the performance period (CPT): 88305

**AND NOT**

**DENOMINATOR EXCLUSION:**

Specimen site other than anatomic location of esophagus: G8797

**NUMERATOR:**

Esophageal biopsy report documents the presence of Barrett's mucosa and includes a statement about dysplasia

**Numerator Options:**

***Performance Met:***

Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading)(3126F)

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa (e.g., malignant neoplasm or absence of intestinal metaplasia) (3126F with 1P)

**OR**

***Performance Not Met:***

Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified **(3126F with 8P)**

**RATIONALE:**

Endoscopy is the technique of choice used to identify suspected Barrett's esophagus and to diagnose complications of GERD. Biopsy must be added to confirm the presence of Barrett's epithelium and to evaluate for dysplasia (ACG, 2005).

There is a rapidly rising incidence of adenocarcinoma of the esophagus in the United States. A diagnosis of Barrett's esophagus increases a patient's risk for esophageal adenocarcinoma by 30 to 125 times that of people without Barrett's esophagus (although this risk is still small 0.4% to 0.5% per year). Esophageal adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective. A diagnosis of Barrett's esophagus could allow for appropriate screening of at risk patients as recommended by the American College of Gastroenterology.

Standard endoscopy with biopsy currently is the most reliable means of establishing a diagnosis of Barrett's esophagus. The definitive diagnosis of Barrett's esophagus requires a pathologist's review of an esophageal biopsy. Dysplasia is the first step in the neoplastic process, and information about dysplasia is crucial for clinical decision-making directing therapy. The presence and grade of dysplasia cannot be determined by routine endoscopy, and pathologist's review of a biopsy is essential for recognition of dysplasia. Endoscopic surveillance detects curable neoplasia in patients with Barrett's esophagus.

**CLINICAL RECOMMENDATION STATEMENTS:**

The diagnosis of Barrett's esophagus requires systematic biopsy of the abnormal-appearing esophageal mucosa to document intestinal metaplasia and to detect dysplasia.

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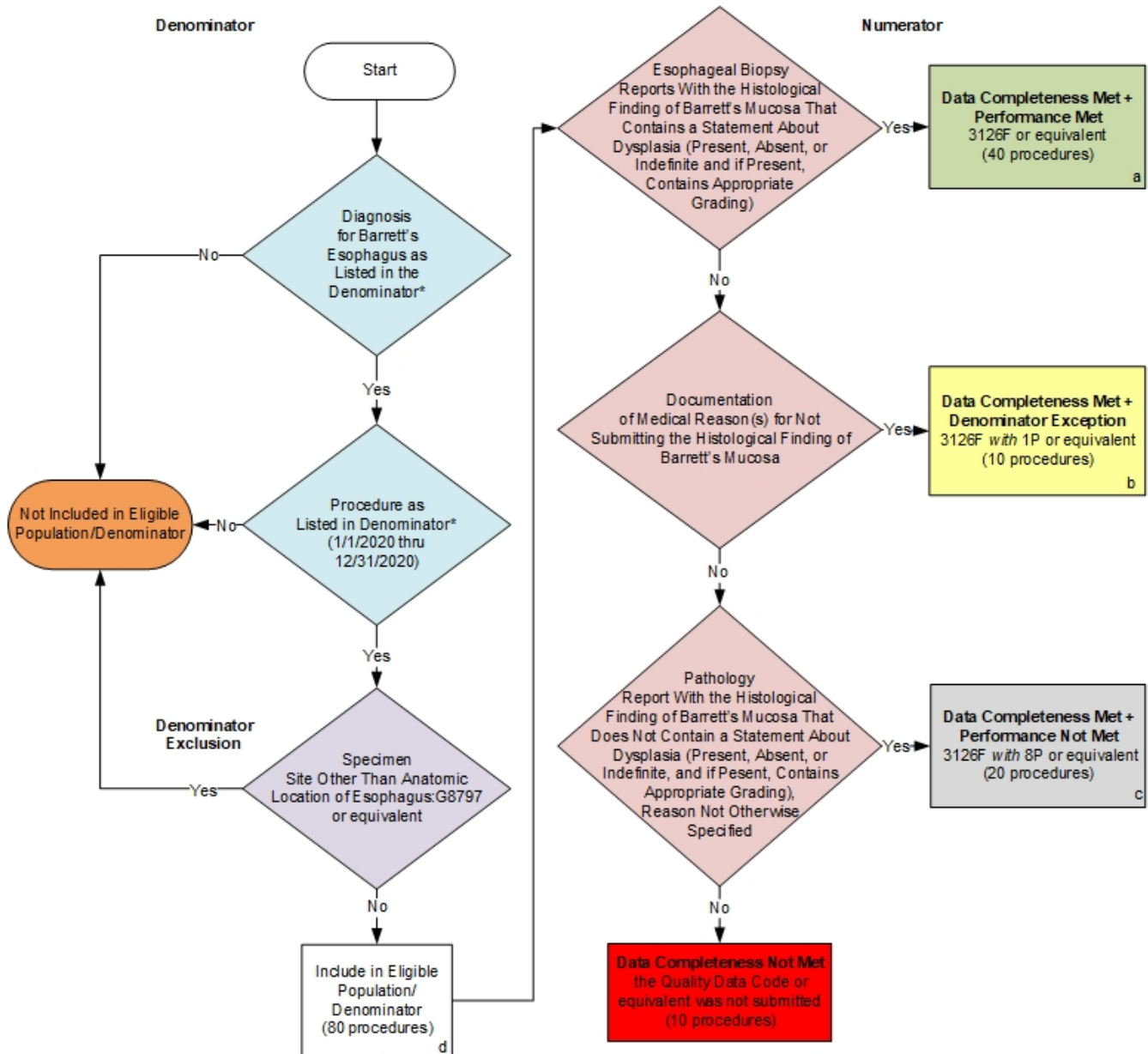
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## 2020 Clinical Quality Measure Flow for Quality ID #249 NQF #1854: Barrett's Esophagus

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.



### SAMPLE CALCULATIONS:

**Data Completeness=**  
 Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = 87.50%  
 Eligible Population / Denominator (d=80 procedures) = 80 procedures

**Performance Rate=**  
 $\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures) = 60 procedures}} = 40 \text{ procedures} = 66.67\%$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v4

**2020 Clinical Quality Measure Flow Narrative for Quality ID #249: NQF #1854:  
Barrett's Esophagus**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check Patient Diagnosis:
  - a. If Diagnosis for Barrett's Esophagus as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis for Barrett's Esophagus as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, proceed to Specimen Site Other Than Anatomic Location of Esophagus.
4. Check Specimen Site Other Than Anatomic Location of Esophagus:
  - a. If Specimen Site Other Than Anatomic Location of Esophagus equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Specimen Site Other Than Anatomic Location of Esophagus equals No, include in Eligible Population.
5. Denominator Population:
  - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
6. Start Numerator
7. Check Esophageal Biopsy Reports With the Histological Finding of Barrett's Mucosa That Contains a Statement About Dysplasia (Present, Absent, or Indefinite and if Present, Contains Appropriate Grading):
  - a. If Esophageal Biopsy Reports With the Histological Finding of Barrett's Mucosa That Contains a Statement about Dysplasia (Present, Absent, or Indefinite and if Present, Contains Appropriate Grading) equals Yes, Include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in Sample Calculation.
  - c. If Esophageal Biopsy Reports With the Histological Finding of Barrett's Mucosa That Contains a Statement About Dysplasia (Present, Absent, or Indefinite and if Present, Contains Appropriate Grading) equals No, proceed to check Documentation of Medical Reason(s) for Not Submitting the Histological Finding of Barrett's Mucosa.
8. Check Documentation of Medical Reason(s) for Not Submitting the Histological Finding of Barrett's Mucosa:

- a. If Documentation of Medical Reason(s) for Not Submitting the Histological Finding of Barrett's Mucosa equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Submitting the Histological Finding of Barrett's Mucosa equals No, proceed to check Pathology Report With the Histological Finding of Barrett's Mucosa That Does Not Contain a Statement About Dysplasia (Present, Absent, or Indefinite, and if Present, Contains Appropriate Grading), Reason Not Otherwise Specified.
9. Check Pathology Report With the Histological Finding of Barrett's Mucosa That Does Not Contain a Statement About Dysplasia (Present, Absent, or Indefinite, and if Present, Contains Appropriate Grading), Reason Not Otherwise Specified:
- a. If Pathology Report with the Histological Finding of Barrett's Mucosa That Does Not Contain a Statement About Dysplasia (Present, Absent, or Indefinite, and if Present, Contains Appropriate Grading), Reason Not Otherwise Specified equals Yes, include in the Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
  - c. If Pathology Report with the Histological Finding of Barrett's Mucosa That Does Not Contain a Statement About Dysplasia (Present, Absent, or Indefinite, and if Present, Contains Appropriate Grading), Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)} = 60 \text{ procedures}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$