



# Overview: 2022 Changes to the Pathology Quality Measures

**Pathologists Quality Registry** 

**Quality Measures Team** 

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## 2022 Pathology Specialty Measure Set

Measure Name/ID	Denominator	Numerator	Exclusion/Exception
QPP 249: Barrett's Esophagus Reporting	No changes made for 2022  Esophageal biopsies with histological finding of Barrett's mucosa	No changes made for 2022  Path reports with a statement about dysplasia (if present, also include appropriate grading)	Exclusion: No changes made for 2022; Specimens other than from the esophagus  Exception: No changes made for 2022; Absence of intestinal metaplasia, malignant neoplasm
QPP 250: Radical Prostatectomy Reporting	No changes made for 2022  Radical prostatectomies with a diagnosis of prostate cancer	No changes made for 2022  Path reports with documentation of pT category, pN category, Gleason score, and margin status	Exclusion: No changes made for 2022; Specimens other than from the prostate  Exception: No changes made for 2022 TURP, malignant neoplasm
QPP 395: Lung Cancer Reporting (Biopsy/Cytology)	No changes made for 2022  Biopsy/cytology specimens with a diagnosis of primary NSCLC	Path reports must classify specimens into histology type following IASLC guidance or with an explanation for NSCLC-NOS (not otherwise specified)  *IASLC Guidelines:  1. Don't use "large cell carcinoma"  2. Don't use "AIS" (adenocarcinoma in situ) or "MIA" (minimally invasive adenocarcinoma)  3. Don't use "BAC" (bronchioloalveolar carcinoma)	Exclusion: No changes made for 2022; Specimens other than from the lung or not classified as primary NSCLC  Exception: Yes - changes made for 2022; Added: Insufficient tissue, specimen is non-diagnostic, no residual carcinoma, etc.

## 2022 Pathology Specialty Measure Set

Measure Name/ID	Denominator	Numerator	Exclusion/Exception
QPP 396: Lung Cancer Reporting (Resections)	No changes made for 2022  Lung resection specimens for primary lung carcinoma	No changes made for 2022  Path reports with documentation of pT category, pN category, and histologic type for NSCLC specimens	Exclusion: No changes made for 2022; Specimens other than from the lung, NSCLC-NOS specimens  Exception: Yes - changes made for 2022 Added: metastatic carcinoma, no residual carcinoma, insufficient tissue, etc.
QPP 397: Melanoma Reporting	No changes made for 2022  Biopsy and wide/re-excision specimens for primary malignant cutaneous melanoma	Yes – changes made for 2022  Path reports must include documentation of peripheral and deep margin status and presence/absence of microsatellitosis in addition to pT category, thickness, ulceration, and mitotic rate	Exclusion: No changes made for 2022; Specimens other than from the skin, melanoma in situ  Exception: No changes made for 2022 Negative skin biopsies, insufficient tissue, etc.
QPP 440: Skin Cancer Biopsy Reporting Time – Pathologist to Clinician	No changes made for 2022  Biopsy specimens (excludes wide/re-excisions) for cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma/melanoma in situ	No changes made for 2022  Path reports available to the requesting physician within 7 days (includes weekends and holidays)	Exclusion: No changes made for 2022; Second opinion, Pathologist or dermatopathologist is the biopsying clinician  No Exception: No changes made for 2022

#### Available Educational Resources

#### Quality Measure and Data Entry Tool Resources

- Guidance documents and tutorial videos about the QCDR measures and data entry tools (e.g. Webtool and CSV Bulk Upload)
- Accessible via the Resource Library of the Registry:
  - Go to your Quality Dashboard and click on the Help icon in the top right-hand corner.
  - Then, click on the **Registry Documents** icon. You will see the resource documents and videos posted.





#### Questions?

For measure questions, contact the CAP Quality Measures

Team at <a href="measures@cap.org">measures@cap.org</a>

For data mapping questions, please contact your Client Account Managers (CAPCAMS) at <a href="mailto:capcams@figmd.com">capcams@figmd.com</a>





