

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

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Transfer of Health Information and Interoperability

2019 COLLECTION TYPE:

MEDICARE PART B CLAIMS

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 using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

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

NUMERATOR:

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

NUMERATOR NOTE: *Submit quality data codes once per patient for each date-of-service.*

Numerator Quality-Data Coding Options:

If Patient is not Eligible for this Measure because the Specimen is not of Esophageal Origin Report:

Denominator Exclusion: G8797:

Specimen site other than anatomic location of esophagus

OR

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)

Performance Met: CPT II 3126F:

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)

OR

Esophageal Biopsy Reports with the Histological Finding of Barrett's Mucosa that Contains a Statement about Dysplasia (present, absent, or indefinite) not Performed for Medical Reasons

Append a modifier (1P) to Category II code 3126F to submit documented circumstances that appropriately exclude patients from the denominator

Denominator Exception: 3126F with 1P:

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

OR

Esophageal Biopsy Reports with the Histological Finding of Barrett's Mucosa that does not Contain a Statement about Dysplasia (present, absent, or indefinite), Reason not Otherwise Specified

Append a submit modifier (8P) to CPT Category II code 3126F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified

Performance Not Met: 3126F with 8P:

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

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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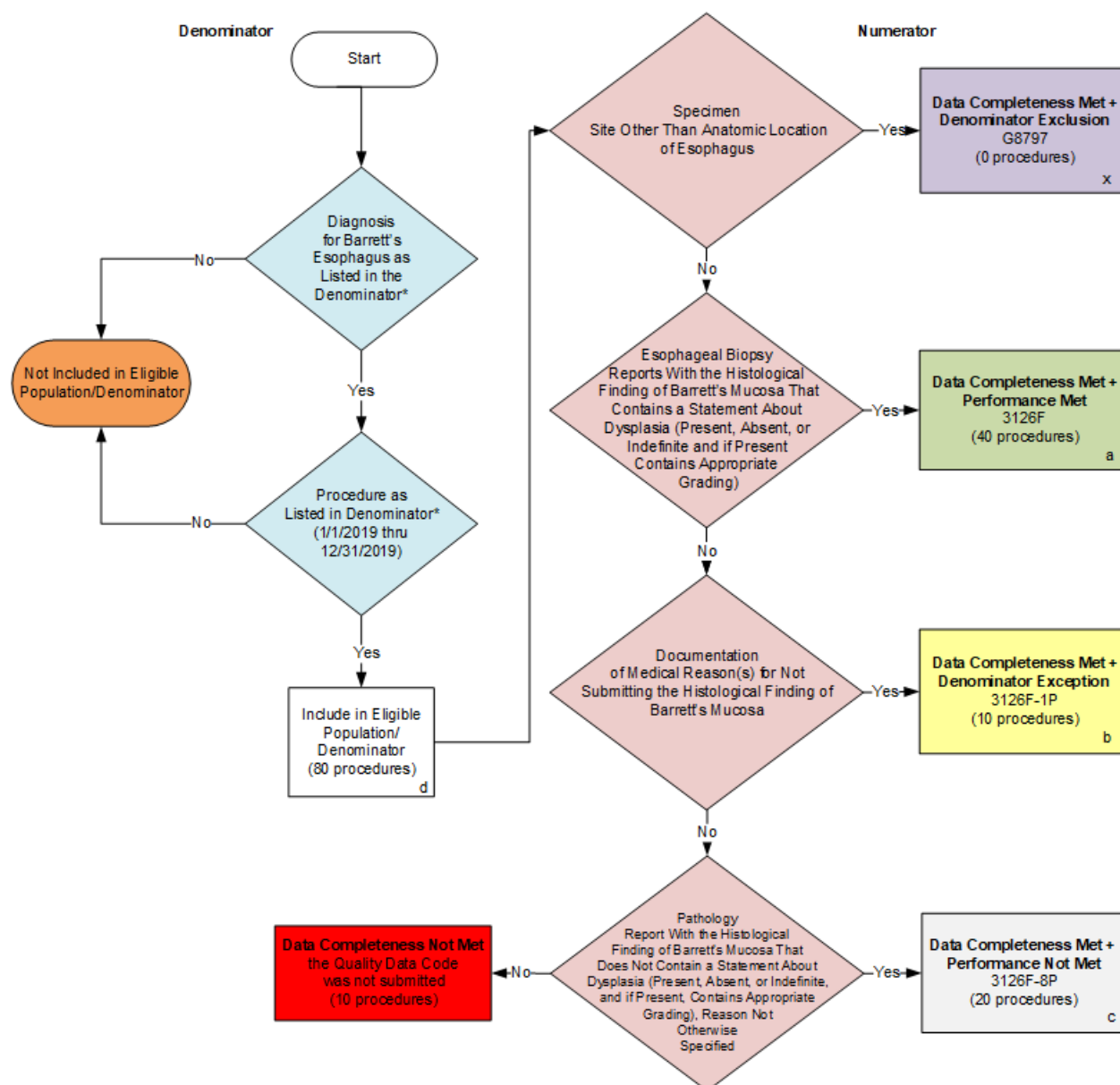
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2019 Medicare Part B Claims Flow for Quality ID #249 NQF #1854: Barrett's Esophagus



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x=0 procedures)} + \text{Perf Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Perf Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=0 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

*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.

**2019 Medicare Part B Claims Flow Narrative for Quality ID #249: NQF #1854:
Barrett's Esophagus**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

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, include in Eligible Population.
4. 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.
5. Start Numerator
6. Specimen Site Other Than Anatomic Location of Esophagus:
 - a. If Specimen Site Other Than Anatomic Location of Esophagus equals Yes, include in Data Completeness Met and Denominator Exclusion.
 - b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 0 procedures in the Sample Calculation.
 - c. If Specimen Site Other Than Anatomic Location of Esophagus equals No, proceed to 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).
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 was not submitted. 10 procedures have been subtracted from Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x=0 procedures)} + \text{Perf Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Perf Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=0 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{80 \text{ procedures}} = 66.67\%$$