Quality ID #250: Radical Prostatectomy Pathology Reporting
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Transfer of Health Information and Interoperability

2022 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status

INSTRUCTIONS:
This measure is to be submitted **each time** a radical prostatectomy surgical pathology examination is performed during the performance period for prostate patients. Each unique CPT Category I code or quality data code submitted on the claim will be counted for denominator inclusion. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who examine prostate tissue specimens following resection in a laboratory or institution will submit this measure.

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 radical prostatectomy surgical pathology examinations performed during the measurement period for primary prostate cancer

> **Denominator Criteria (Eligible Cases):**
> **Diagnosis for malignant neoplasm of prostate (ICD-10-CM):** C61
> **AND**
> **Patient procedure during the performance period (CPT):** 88309
> **WITHOUT**
> **Telehealth Modifier:** GQ, GT, 95, POS 02

NUMERATOR:
Radical Prostatectomy reports that include the pT category, the pN category, Gleason score and a statement about margin status

> **Numerator Quality Data Coding Options:**
> **If Patient is not Eligible for this Measure because the Specimen is not Primary Prostate Tissue from a Radical Resection Report**
> *Denominator Exclusion:* **G8798:**   Specimen site other than anatomic location of prostate
>
> **OR**
>
> **Radical Prostatectomy Report includes pT category, pN category, Gleason Score and Statement about Margin Status**
> *Performance Met:* **3267F:**   Pathology report includes pT category, pN category, Gleason score and statement about margin status
>
> **OR**

pT category, pN category, Gleason Score and Statement about Margin Status not Documented for Medical Reasons

Append a modifier (1P) to Category II code 3267F to submit documented circumstances that appropriately exclude patients from the denominator.

Denominator Exception: **3267F** *with* **1P:** Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report (e.g., specimen originated from other malignant neoplasms, transurethral resections of the prostate (TURP), or secondary site prostatic carcinomas)

OR

pT category, pN category, Gleason Score and Statement about Margin Status not Documented, Reason not Otherwise Specified

Append a submitting modifier (8P) to CPT Category II code 3267F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: **3267F** *with* **8P:** pT category, pN category, Gleason score and statement about margin status were not documented in pathology report, reason not otherwise specified

RATIONALE:

Therapeutic decisions for prostate cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete pathology reports for prostate cancer may result in misclassification of patients, rework and delays, and suboptimal management. The College of American Pathologists Cancer Committee has produced an evidence-based protocol/checklist of essential pathologic parameters that are recommended to be included in prostate cancer resection pathology reports. Conformance of pathology reports with the CAP checklist is a requirement for Cancer Center certification by the ACS.

The protocol recommends the use of the TNM Staging System for carcinoma of the prostate of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC) (AJCC, 2017). The radical prostatectomy checklist also includes extraprostatic extension.

In a study of cancer recurrence following radical prostatectomy, it was noted that "The relatively high proportion of patients who have biopsy-proven local recurrence who have organ-confined disease is probably inaccurate and, in large part, reflects under sampling and under recognition of extraprostatic extension" (Ripple et al 2000, Mod Path).

The CAP Q probes data (2006) indicate that 11.6% of prostate pathology reports had missing elements. Extent of invasion (pTNM) was most frequently missing (52.1% of the reports missing elements), and extraprostatic extension was the second most frequently missing (41.7% of the reports missing elements). Margin status was missing in 8.3% of reports.

A sampling from prostate cancer cases in 2000 through 2001 from the College of Surgeons National Cancer Data Base found only 48.2% of surgical pathology reports for prostate cancer documented pathologic stage similar to the more recent data from the CAP Q probes study. The NCDB data showed the Gleason score was present 86.3% of the time, slightly less than the 100% compliance found in the CAP Q probes study and that margin status was present in 84.9% of reports.

CLINICAL RECOMMENDATION STATEMENTS:

Patient management and treatment guidelines promote an organized approach to providing quality care. The (American College of Surgeons Committee on Cancer) CoC requires that 90% of pathology reports that include a cancer diagnosis contain the scientifically validated data elements outlined in the surgical case summary checklist of the College of American Pathologists (CAP) publication Reporting on Cancer Specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

Pathologic staging is usually performed after surgical resection of the primary tumor. Pathologic staging depends on pathologic documentation of the anatomic extent of disease, whether or not the primary tumor has been completely removed.

CAP March 2020 Protocol for the Examination of Specimens From Patients With Carcinoma of the Prostate Gland

2022 Medicare Part B Claims Flow for Quality ID #250: Radical Prostatectomy Pathology Reporting

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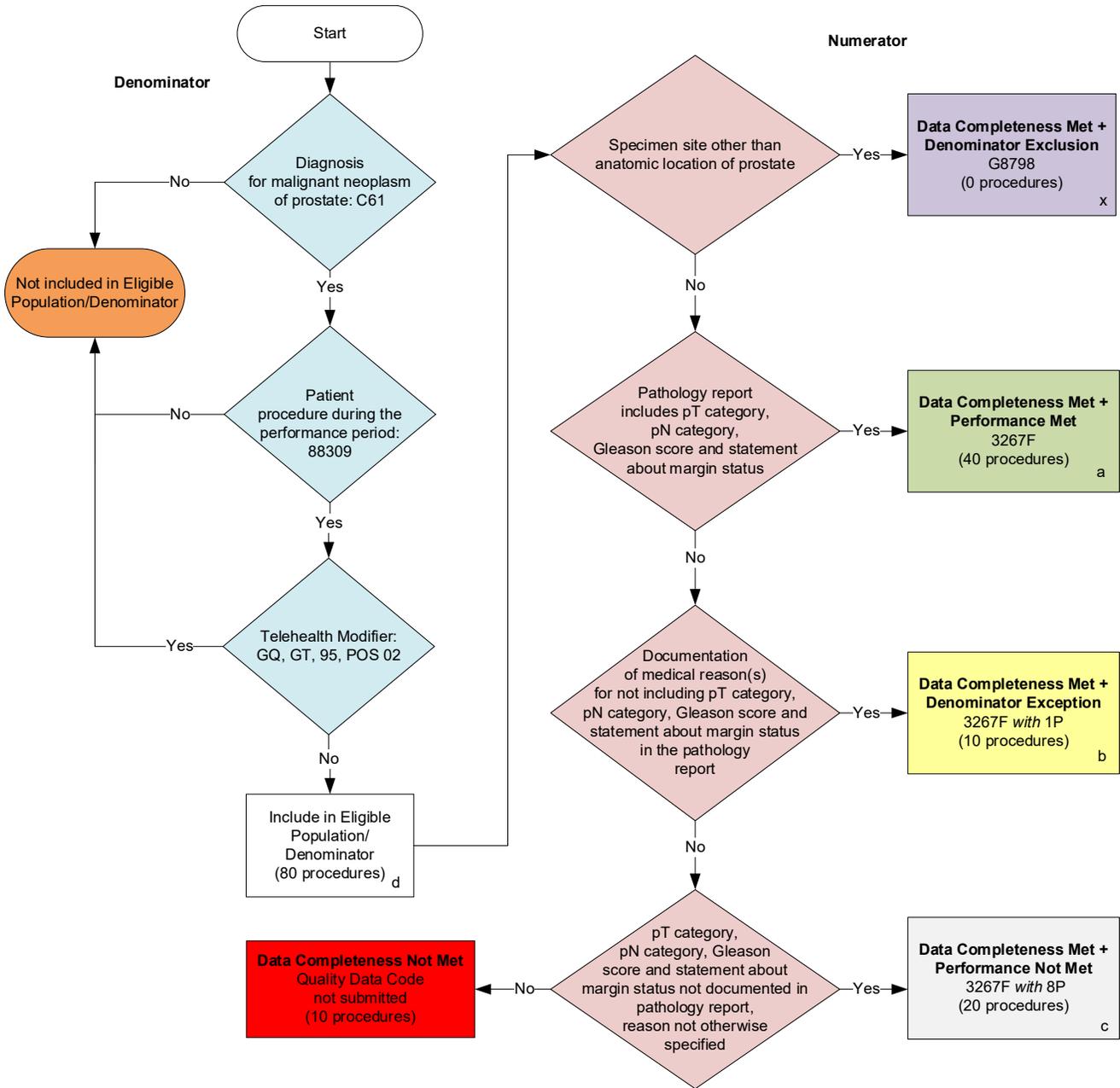
SAMPLE CALCULATIONS

Data Completeness=

Denominator Exclusion (x=0 procedures)+Perf. Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Perf. Not Met (c=20 procedures) = 70 procedures = **87.50%**

Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=40 procedures) = 40 procedures = **66.67%**

Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=0 procedures) – Denominator Exception (b=10 procedures) = 60 procedures

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

NOTE: Submission Frequency: Procedure

2022 Medicare Part B Claims Flow Narrative for Quality ID #250:
Radical Prostatectomy Pathology Reporting

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

1. Start with Denominator

2. Check *Diagnosis for malignant neoplasm of prostate*:

    a. If *Diagnosis for malignant neoplasm of prostate* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Diagnosis for malignant neoplasm of prostate* equals Yes, proceed to check *Patient procedure during the performance period*.

3. Check *Patient procedure during the performance period:*

    a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient procedure during the performance period* equals Yes, proceed to check *Telehealth Modifier*.

4. Check *Telehealth Modifier*:

    a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.

    b. If *Telehealth Modifier* equals No, proceed to check *Specimen site other than anatomic location of prostate.*

5. Denominator Population:

    • 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 *Specimen site other than anatomic location of prostate*:

    a. If *Specimen site other than anatomic location of prostate* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

        • *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.

    b. If *Specimen site other than anatomic location of prostate* equals No, proceed to check *Pathology report includes pT category, pN category, Gleason score and statement about margin status*.

8. Check *Pathology report includes pT category, pN category, Gleason score and statement about margin status*:

    a. If *Pathology report includes pT category, pN category, Gleason score and statement about margin status* equals Yes, include in *Data Completeness Met and Performance Met*.

        • *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.

b. If *Pathology report includes pT category, pN category, Gleason score and statement about margin status* equals No, proceed to check *Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report*.

9. Check *Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report*:

   a. If *Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report* equals Yes, include in *Data Completeness Met and Denominator Exception.*

      • *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.

   b. If *Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report* equals No, proceed to check *pT category, pN category, Gleason score and statement about margin status not documented in pathology report, reason not otherwise specified*.

10. Check *pT category, pN category, Gleason score and statement about margin status not documented in pathology report, reason not otherwise specified*:

    a. If *pT category, pN category, Gleason score and statement about margin status not documented in pathology report, reason not otherwise specified* equals Yes, include in the *Data Completeness Met and Performance Not Met*.

       • *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.

    b. If *pT category, pN category, Gleason score and statement about margin status not documented in pathology report, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

11. 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.

<u>Sample Calculations</u>
Data Completeness equals Denominator Exclusion (x equals 0 procedures) plus Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.5 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exclusion (x equals 0 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

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

NOTE: Submission Frequency: Procedure

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