

Quality ID #100 (NQF 0392): Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade – National Quality Strategy Domain: Effective Clinical Care

2018 OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade

INSTRUCTIONS:
This measure is to be submitted **each time** a colorectal cancer resection surgical pathology examination is performed during the performance period for colorectal cancer patients. Each unique CPT Category I code submitted on the claim will be counted for denominator inclusion. It is anticipated that eligible clinicians who examine colorectal tissue specimens following resection in a laboratory or institution will submit this measure. If the specimen is not primary colorectal tissue (e.g., liver, lung), report only G8723.

Measure Submission:
The listed denominator criteria is 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. All measure-specific coding should be submitted on the claim(s) representing the eligible encounter.

DENOMINATOR:
All colon and rectum cancer resection pathology reports

Denominator Criteria (Eligible Cases):

Diagnosis for colon or rectum cancer (ICD-10-CM): C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8

AND

Patient procedure during the performance period (CPT): 88309

NUMERATOR:
Reports that include the pT category, the pN category and the histologic grade

Numerator Quality-Data Coding Options:

If Patient is not Eligible for this Measure because the Specimen is not Primary Colorectal Tissue (e.g., Liver, Lung) Report:

Denominator Exclusion: G8723: Specimen site is other than anatomic location of primary tumor

OR

pT Category, pN Category and Histologic Grade Documented

Performance Met: G8721: pT category (primary tumor), pN category (regional lymph nodes), and histologic grade were documented in pathology report

OR

pT Category, pN Category and Histologic Grade not Documented for Medical Reasons:

Denominator Exception: G8722: Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (e.g., re-excision without

residual tumor; non-carcinomas, anal canal)

OR

pT Category, pN Category and Histologic Grade not Documented, Reason not Given

Performance Not Met: G8724:

pT category, pN category and histologic grade were not documented in the pathology report, reason not given

RATIONALE:

Therapeutic decisions for colorectal cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete cancer resection pathology reports may result in misclassification of patients, rework and delays, and suboptimal management. The College of American Pathologists (CAP) has produced evidence-based checklists of essential pathologic parameters that are recommended to be included in cancer resection pathology reports. These checklists have been endorsed as a voluntary standard by National Quality Forum (NQF) and are considered the reporting standard by the Commission on Cancer (CoC) of the American College of Surgeons (ACS).

The CAP conducted a structured audit of colorectal cancer pathology report adequacy at 86 institutions. Overall, 21% of eligible reports were missing at least one of the ten CAP-recommended colorectal cancer elements. (Idowu MO, et al, 2010) Cancer Care Ontario (CCO) conducted a similar study in 2005 and found that 31% of colorectal cancer pathology reports did not include all of the information required by the CAP standards.

While the exact percentage of colorectal cancer resection pathology reports that are missing the pT category, the pN category and the histologic grade is unknown, these are essential elements in colorectal cancer treatment decisions and should be included in every pathology report when possible.

CLINICAL RECOMMENDATION STATEMENTS:

Surgical resection remains the most effective therapy for colorectal carcinoma, and the best estimation of prognosis is derived from the pathologic findings on the resection specimen. The anatomic extent of disease is by far the most important prognostic factor in colorectal cancer. The protocol recommends the TNM staging system of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC)¹ but does not preclude the use of other staging systems. By AJCC/UICC convention, the designation "T" refers to a primary tumor that has not been previously treated. The symbol "p" refers to the pathologic classification of the TNM, as opposed to the clinical classification, and is based on gross and microscopic examination. pT entails a resection of the primary tumor or biopsy adequate to evaluate the highest pT category, pN entails removal or biopsy of nodes adequate to validate lymph node metastasis, and pM implies microscopic examination of distant lesions. (CAP, 2017)

Colorectal cancers are usually staged after surgical exploration of the abdomen and pathologic examination of the surgical specimen. Some of the criteria that should be included in the report of the pathologic evaluation include the following: grade of the cancer; depth of penetration and extension to adjacent structures (T); number of regional lymph nodes evaluated; number of positive regional lymph nodes (N); an assessment of the presence of distant metastasis to other organs, the peritoneum of an abdominal structure, or in non-regional lymph nodes (M); the status of proximal, distal and radial margins; lymphovascular invasion, perineurial invasion and extra-nodal tumor deposits. (NCCN, 2012)

[Cap June 2017 Protocol for the Examination of Specimens From Patients With Primary Carcinoma of the Colon and Rectum](#)

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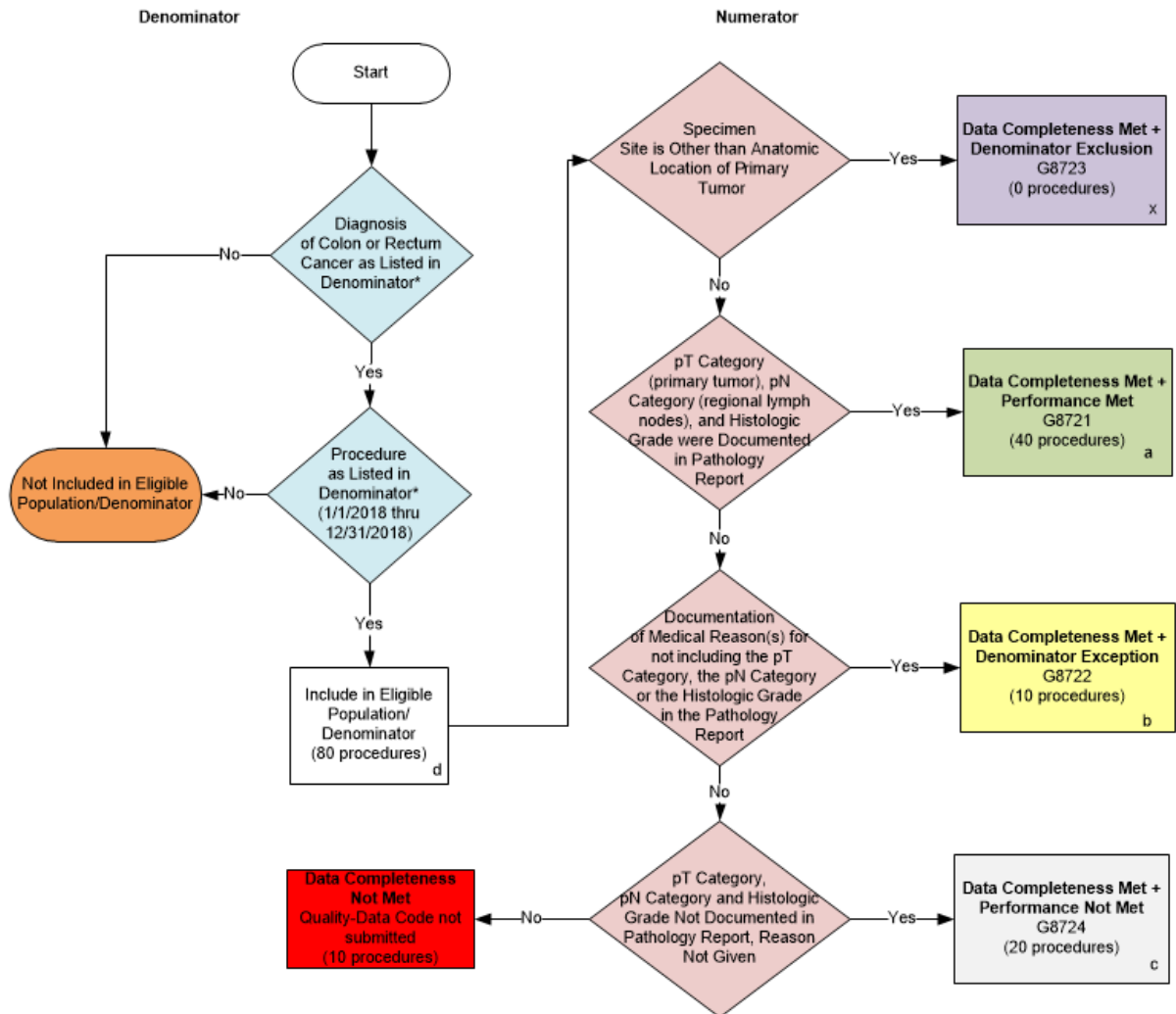
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**2018 Claims Flow for Quality ID #100 NQF #0392:
Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN
Category (Regional Lymph Nodes) with Histologic Grade**



SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

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

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

NOTE: Submission Frequency: Procedure

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2018 Claims Flow for Quality ID

#100 NQF #0392: Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for claims data submission.

1. Start with Denominator
2. Check Patient Diagnosis:
 - a. If Diagnosis of Colon or Rectum Cancer as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Colon or Rectum Cancer as Listed in 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 Patient Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, include in the Eligible Population.
4. Denominator Population:
 - a. Denominator population is all Eligible Patients 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. Check Specimen Site is Other than Anatomic Location of Primary Tumor:
 - a. If Specimen Site is Other than Anatomic Location of Primary Tumor equals Yes, include in the Data Completeness Met and Denominator Exclusion.
 - b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter x equals 0 procedures in the Sample Calculation.
 - c. If Specimen Site is Other than Anatomic Location of Primary Tumor equals No, proceed to pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report.
7. Check pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report:
 - a. If pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report 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 pT Category (primary tumor), pN Category (regional lymph nodes), and Histologic Grade were Documented in Pathology Report equals No, proceed to Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report.
8. Check Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report:
 - a. If Documentation of Medical Reason(s) for not including the pT Category, the pN Category or the Histologic Grade in the Pathology Report 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 including the pT Category, the pN Category or the Histologic Grade in the Pathology Report equals No, proceed to pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given.
 9. Check pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given:
 - a. If pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given 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.
 - c. If pT Category, pN Category and Histologic Grade Not Documented in Pathology Report, Reason Not Given equals No, proceed to Data Completeness Not Met.
 10. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

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