Quality ID #265: Biopsy Follow-Up
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Transfer of Health Information and Interoperability

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient

INSTRUCTIONS:
This measure is to be submitted **once per performance period** for patients who are seen for an office visit and have a biopsy performed during the performance period. 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.

NOTE: *While this measure is only required to be submitted once per eligible patient per performance period, it is recommended that the MIPS eligible clinician performing the biopsy communicates the results to the primary care/referring physician and patient each time a biopsy is done.*

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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 new patients undergoing a biopsy

> ***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs. Only biopsy results should be reported for this measure. Do not include specimens sent for debridement.*
>
> **Denominator Criteria (Eligible Cases):**
> All patients regardless of age on date of encounter
> **AND**
> **Patient procedure during the performance period (CPT):** 11102, 11104, 11106, 11755, 19081, 19083, 19085, 19100, 19101, 19125, 20200, 20205, 20206, 20220, 20225, 20240, 20245, 20250, 20251, 21550, 21920, 21925, 23065, 23066, 23100, 23101, 24065, 24066, 24100, 24101, 25065, 25066, 25100, 25101, 26100, 26105, 26110, 27040, 27041, 27050, 27052, 27323, 27324, 27330, 27331, 27613, 27614, 27620, 28050, 28052, 28054, 29800, 29805, 29830, 29840, 29860, 29870, 29900, 30100, 31050, 31051, 31237, 31510, 31535, 31536, 31576, 31625, 31628, 31629, 31717, 32096, 32097, 32098, 32400,

32604, 32606, 32607, 32608, 32609, 37200, 37609, 38221, 38500, 38505, 38510, 38520, 38525, 38530, 38570, 38572, 40490, 40808, 41100, 41105, 41108, 42100, 42400, 42405, 42800, 42804, 42806, 43193, 43197, 43198, 43202, 43239, 43261, 43605, 44010, 44020, 44025, 44100, 44322, 44361, 44377, 44382, 44386, 44389, 45100, 45305, 45331, 45380, 45392, 46606, 47000, 47100, 47553, 48100, 48102, 49000, 49010, 49180, 49321, 50200, 50205, 50555, 50557, 50574, 50576, 50955, 50957, 50974, 50976, 52007, 52204, 52224, 52250, 52354, 53200, 54100, 54105, 54500, 54505, 54800, 54865, 55700, 55705, 55706, 55812, 55842, 55862, 56605, 56821, 57100, 57105, 57421, 57454, 57455, 57460, 57500, 57520, 58100, 58558, 58900, 59015, 60100, 60540, 60545, 60650, 61140, 61575, 61576, 61750, 61751, 62269, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 64795, 65410, 67346, 67400, 67450, 67810, 68100, 68510, 68525, 69100, 69105, 75970, 93505

AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99241*, 99242*, 99243*, 99244*, 99245*

NUMERATOR:

Patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and the patient by the provider and/or office and medical team. There must also be acknowledgement and/or documentation of the communication in a biopsy tracking log and document in the patient's medical record

Definition:

Communication – Acceptable communication methods which are to be documented in the biopsy tracking log and patient medical record include:

- Directly speaking with the patient or a person designated by the patient to discuss biopsy results
- Documented telephone message or voice mail regarding the availability of biopsy results
- Mailer/fax sent to the patient indicating the availability of biopsy results or discussing the diagnosis itself
- Any HIPAA secure electronic communication with the patient discussing the biopsy results

The components of a **tracking log** incorporate the following-

- Initials of physician performing the biopsy
- Patient name
- Date of biopsy
- Type of biopsy
- Biopsy result
- Date of biopsy result

Numerator Instructions:

To satisfy this measure, the biopsying physician and/or office and medical team must:

- Review the biopsy results with the patient
- Communicate those results to the primary care/referring physician
- Track communication in a log
- Document tracking process in the patient's medical record

NUMERATOR NOTE: *For Denominator Exception(s), patients are ineligible for this measure if at the time of encounter there are patient reason(s) for not communicating the results to the Primary Care or referring physician (e.g. patient self-referred or has no Primary Care Physician, etc.) as further specified below.*

Numerator Options:

Performance Met:	Biopsy results reviewed, communicated, tracked, and documented **(G8883)**

OR

Denominator Exception:	Clinician documented reason that patient's biopsy results were not reviewed, [e.g., patient asks that biopsy results not be communicated to the primary care/referring physician, patient does not have a primary care/referring physician or is a self-referred patient] **(G8884)**

OR

Performance Not Met:	Biopsy results not reviewed, communicated, tracked, or documented **(G8885)**

RATIONALE:

The purpose of this measure is to ensure that biopsy results with potentially serious consequences for patient care are not lost or ignored. Large health plan/delivery systems have identified a prominent quality of care issue as involving missing or overlooked biopsy pathology reports. All biopsy results should be accounted for and the results communicated to the patient or patient's guardian/caregiver and to the patient's primary care physician and/or other physician/professional responsible for follow-up care. Failure of the medical team to take appropriate action based on the result of a biopsy may lead to significant delays in obtaining appropriate treatment with subsequent poor outcomes, complications and even death. This measure will facilitate physician quality assurance that all biopsies are read, recorded and the results communicated.

CLINICAL RECOMMENDATION STATEMENTS:

The measure does not directly address that follow-up care has been concluded, but rather addresses the critical first step in the treatment chain. Appropriate follow-up care must be specifically tailored to each clinical diagnosis. Biopsy results are not only essential to making a final diagnosis, but they are also essential to disease staging and treatment planning. The patient needs to be informed of the biopsy results so they can not only be completely aware of their condition, but also so they can make informed decisions about their care and treatment.

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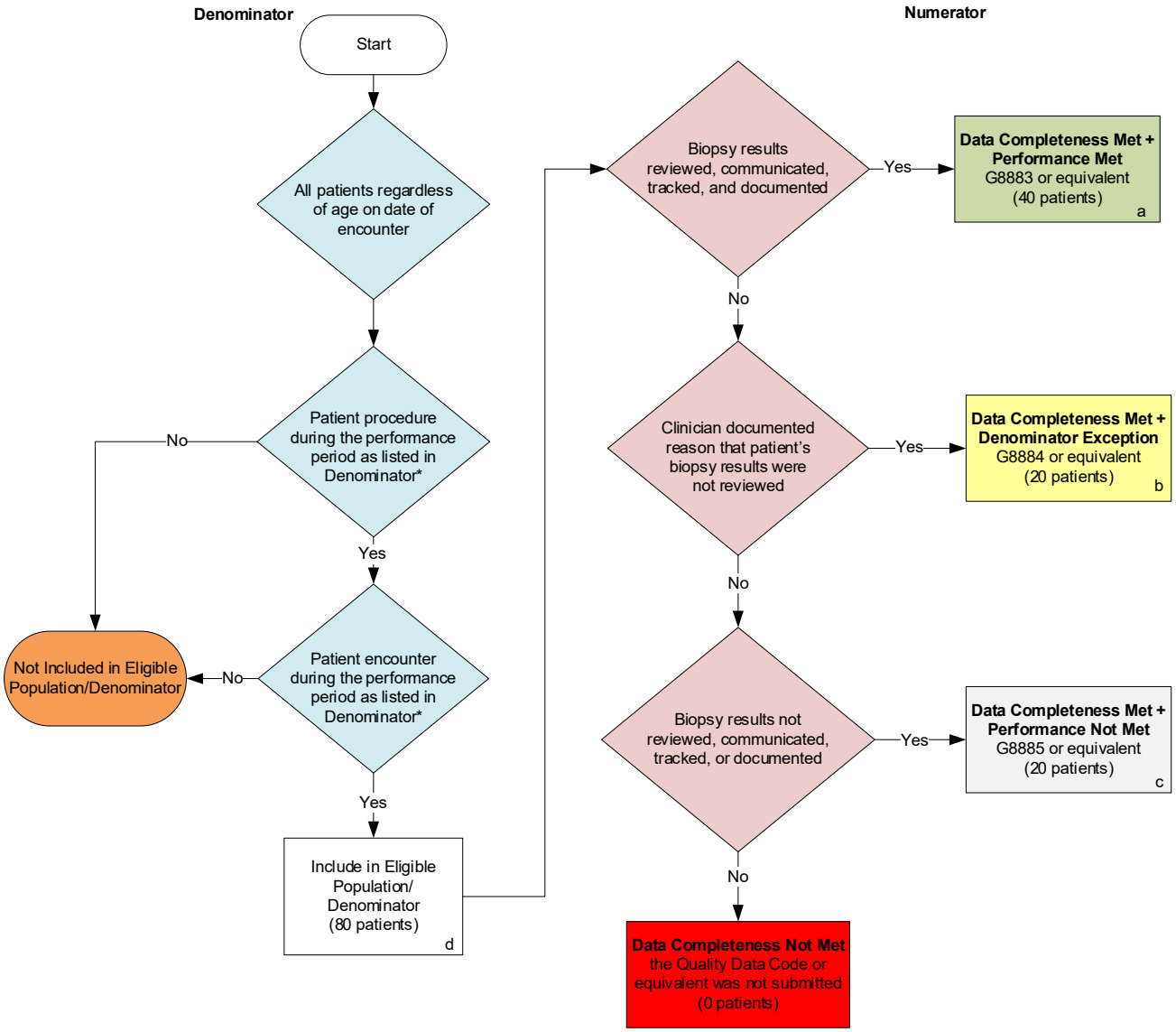
2021 Clinical Quality Measure Flow for Quality ID #265: Biopsy Follow-Up

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=20 patients) + Performance Not Met (c=20 patients) = 80 patients = **100.00%**

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

Performance Rate=

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

Data Completeness Numerator (80 patients) – Denominator Exception (b=20 patients) = 60 patients

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

NOTE: Submission Frequency: Patient-Process

2021 Clinical Quality Measure Flow Narrative for Quality ID #265: Biopsy Follow-Up

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

1. Start with Denominator
2. *All patients regardless of age on date of encounter*
3. Check *Patient procedure during the performance period as listed in Denominator*:*
    a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
    b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop Processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator.*
5. 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 patients in the Sample Calculation.
6. Start Numerator
7. Check *Biopsy results reviewed, communicated, tracked, and documented*:
    a. If *Biopsy results reviewed, communicated, tracked, and documented* 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 patients in the Sample Calculation.
    b. If *Biopsy results reviewed, communicated, tracked, and documented* equals No, proceed to check *Clinician documented reason that patient's biopsy results were not reviewed*.
8. Check *Clinician documented reason that patient's biopsy results were not reviewed*:
    a. If *Clinician documented reason that patient's biopsy results were not reviewed* 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 20 patients in the Sample Calculation.

b. If *Clinician documented reason that patient's biopsy results were not reviewed* equals No, proceed to check *Biopsy results not reviewed, communicated, tracked, or documented*.

9. Check *Biopsy results not reviewed, communicated, tracked, or documented*:

   a. If *Biopsy results not reviewed, communicated, tracked, or documented* 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 patients in the Sample Calculation.

   b. If *Biopsy results not reviewed, communicated, tracked, or documented* equals No, proceed to check *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

      - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 0 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 20 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 80 patients divided by 80 patients. All equals 100.00 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (80 patients) minus Denominator Exception (b equals 20 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process
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.