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

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

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 reported each time a colorectal cancer resection surgical pathology examination is performed during the reporting 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 clinicians who examine colorectal tissue specimens following resection in a laboratory or institution will submit this measure. Independent Laboratories (ILs) and Independent Diagnostic Testing Facilities (IDTFs), using indicator Place of Service 81, are not included in PQRS. If the specimen is not primary colorectal tissue (eg, liver, lung), report only G8723.

Measure Reporting via Claims:
ICD-9-CM/ICD-10-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the appropriate ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All colon and rectum cancer resection pathology reports

Denominator Criteria (Eligible Cases):
Diagnosis for colon or rectum cancer (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 154.8
Diagnosis for colon or rectum cancer (ICD-10-CM) [for use 10/1/2014-12/31/2014]: 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 encounter during the reporting period (CPT): 88309

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

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
pT Category, pN Category and Histologic Grade Documented
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:
G8722: Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (eg, re-excision without residual tumor; non-carcinomas, anal canal)

OR

If patient is not eligible for this measure because the specimen is not primary colorectal tissue (eg, liver, lung) report:
G8723: Specimen site is other than anatomic location of primary tumor

OR

pT Category, pN Category and Histologic Grade not Documented, Reason not Given
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) 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, 2011)

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)