Measure #157 (NQF 0455): Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection

2014 PQRS Options for Individual Measures: Claims, Registry

Description:
Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery.

Instructions:
This measure is to be reported each time a major cancer resection of the lung or esophagus is performed. This measure is intended to reflect the quality of services provided for patients undergoing resection for lung or esophageal cancer. The clinical staging of lung and esophageal cancer patients guides the decision-making process when choosing optimal treatment modality which may or may not include surgery. It is anticipated that clinicians who perform the listed surgical procedures with a diagnosis of lung or esophageal cancer will submit this measure.

Measure Reporting via Claims:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II code(s) are used to report the numerator of the measure.

When reporting the measure via claims submit the listed ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifier allowed for this measure is: 8P - reason not otherwise specified. There are no allowable performance exclusions for this measure. 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, CPT codes, and patient demographics 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. There are no allowable performance exclusions for this measure.

Denominator:
All patients undergoing resection for lung or esophageal cancer

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for lung or esophageal cancer (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 150.3, 150.4, 150.5, 150.8, 151.0, 162.2, 162.3, 162.4, 162.5, 162.9
Diagnosis for lung or esophageal cancer (ICD-10-CM) [for use 10/01/2014-12/31/2014]: C15.3, C15.4, C15.5, C15.8, C16.0, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.90, C34.91, C34.92
AND
Patient encounter during the reporting period (CPT): 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32503, 32504, 32505, 32506, 32507, 32663, 32666, 32667, 32668, 32669, 32670, 32671, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43119, 43121, 43122, 43123, 43124

NUMERATOR:
Patients undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Clinical Staging Provided
CPTII 3323F: Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery
OR
Clinical Staging not Provided, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 3323F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

3323F with 8P: Clinical tumor, node and metastases (TNM) staging not documented and reviewed prior to surgery, reason not otherwise specified

RATIONALE:
Evaluation of patients with suspected lung cancer and esophageal cancer includes both diagnosis of the primary tumor and evaluation of the extent of disease. The current system for staging lung and esophageal cancer is based on the AJCC TNM classification. The clinical staging of lung and esophageal cancer patients guides the decision-making process when choosing optimal treatment modality which may or may not include surgery. Review of the 8,133 patients who underwent surgery and met the inclusion criteria for the measures recorded in the current STS General Thoracic Database identified a significant gap with respect to recording of clinical stage; it was reported in 89% of patients undergoing resection for lung or esophageal cancer. Remediation of this process gap should improve quality by reducing inappropriate selection of treatment modalities including surgery.

CLINICAL RECOMMENDATION STATEMENTS:

“Assuming satisfactory performance status, operability in patients with lung cancer depends on the clinical assessment of tumor stage. Preoperative clinical staging (cTNM), as accurately as possible given the limitations of the investigations available, is therefore crucial. Recommendations:

1. All patients being considered for surgery should have a plain chest radiograph and a computed tomographic (CT) scan of the thorax including the liver and adrenal glands. [B]
2. Confirmatory diagnostic percutaneous needle biopsy in patients presenting with peripheral lesions is not mandatory in patients who are otherwise fit, particularly if there are previous chest radiographs showing no evidence of a lesion. [B]
3. Patients with mediastinal nodes greater than 1 cm in short axis diameter on the CT scan should undergo biopsy by staging mediastinoscopy, anterior mediastinotomy, or needle biopsy as appropriate. [B]

On the basis of these investigations, cTNM staging should be possible and appropriate surgery undertaken in the light of current knowledge of results.”

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