Measure #249: Barrett’s Esophagus

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of esophageal biopsy reports that document the presence of Barrett’s mucosa that also include a statement about dysplasia

INSTRUCTIONS:
This measure is to be reported each time a patient’s surgical pathology report demonstrates Barrett’s Esophagus; however, only one QDC per date of service for a patient is required. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

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 codes or quality-data codes 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 quality-data code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P - medical reasons, 8P - reason not otherwise specified. 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.

DENOMINATOR:
All surgical pathology biopsy reports for Barrett’s Esophagus

Denominator Criteria (Eligible Cases):
- Diagnosis for Barrett’s esophagus (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 530.85
- Diagnosis for Barrett’s esophagus (ICD-10-CM) [for use 10/01/2014-12/31/2014]: K22.70, K22.710, K22.711, K22.719
AND
- Patient encounter during the reporting period (CPT): 88305

NUMERATOR:
Esophageal biopsy report documents the presence of Barrett’s mucosa and includes a statement about dysplasia

NUMERATOR NOTE: Report quality data codes once per patient for each date-of-service.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Esophageal Biopsy Reports with the Histological Finding of Barrett's Mucosa that Contains a Statement about Dysplasia (present, absent, or indefinite)

CPT II 3125F: Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite)

OR

Esophageal Biopsy Reports with the Histological Finding of Barrett's Mucosa that Contains a Statement about Dysplasia (present, absent, or indefinite) not Performed for Medical Reasons Append a modifier (1P) to Category II code 3125F to report documented circumstances that appropriately exclude patients from the denominator

3125F with 1P: Documentation of medical reason(s) for not reporting the histological finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia)

OR

If patient is not eligible for this measure because the specimen is not of esophageal origin report:

G8797: Specimen site other than anatomic location of esophagus

OR

Esophageal Biopsy Reports with the Histological Finding of Barrett's Mucosa that does not Contain a Statement about Dysplasia (present, absent, or indefinite), Reason not Otherwise Specified Append a reporting modifier (8P) to CPT Category II code 3125F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

3125F with 8P: Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite), reason not otherwise specified

RATIONALE:

Endoscopy is the technique of choice used to identify suspected Barrett's esophagus and to diagnose complications of GERD. Biopsy must be added to confirm the presence of Barrett's epithelium and to evaluate for dysplasia (ACG, 2005).

There is a rapidly rising incidence of adenocarcinoma of the esophagus in the United States. A diagnosis of Barrett's esophagus increases a patient's risk for esophageal adenocarcinoma by 30 to 125 times that of people without Barrett's esophagus (although this risk is still small 0.4% to 0.5% per year). Esophageal adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective. A diagnosis of Barrett's esophagus could allow for appropriate screening of at risk patients as recommended by the American College of Gastroenterology.

Standard endoscopy with biopsy currently is the most reliable means of establishing a diagnosis of Barrett's esophagus. The definitive diagnosis of Barrett's esophagus requires a pathologist's review of an esophageal biopsy. Dysplasia is the first step in the neoplastic process, and information about dysplasia is crucial for clinical decision-making directing therapy. The presence and grade of dysplasia cannot be determined by routine endoscopy, and pathologist's review of a biopsy is essential for recognition of dysplasia. Endoscopic surveillance detects curable neoplasia in patients with Barrett's esophagus.

CLINICAL RECOMMENDATION STATEMENTS:

The diagnosis of Barrett's esophagus requires systematic biopsy of the abnormal-appearing esophageal mucosa to document intestinal metaplasia and to detect dysplasia.