Measure #250: Radical Prostatectomy Pathology Reporting

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status

INSTRUCTIONS:
This measure is to be reported each time a radical prostatectomy surgical pathology examination is performed during the reporting period for prostate patients. Each unique CPT Category I code or quality-data code submitted on the claim will be counted for denominator inclusion. It is anticipated that clinicians who examine prostate 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 prostate tissue (e.g., breast, lung), report only G8798.

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 codes 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 radical prostatectomy surgical pathology examinations performed during the measurement period for prostate cancer patients

Denominator Criteria (Eligible Cases):
Diagnosis for malignant neoplasm of prostate (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 185
Diagnosis for malignant neoplasm of prostate (ICD-10-CM) [for use 10/01/2014-12/31/2014]: C61
AND
Patient encounter during the reporting period (CPT): 88309

NUMERATOR:
Radical Prostatectomy reports that include the pT category, the pN category, Gleason score and a statement about margin status

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Radical Prostatectomy Report includes pT category, pN category, Gleason Score and Statement about Margin Status

CPT II 3267F: Pathology report includes pT category, pN category, Gleason score and statement about margin status

OR

pT category, pN category, Gleason Score and Statement about Margin Status not Documented for Medical Reasons

Append a modifier (1P) to Category II code 3267F to report documented circumstances that appropriately exclude patients from the denominator.

3267F with 1P: Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report (eg, specimen originated from other malignant neoplasms, transurethral resections of the prostate (TURP), or secondary site prostatic carcinomas)

OR

If patient is not eligible for this measure because the specimen is not primary prostate tissue from a radical resection report:

G8798: Specimen site other than anatomic location of prostate

OR

pT category, pN category, Gleason Score and Statement about Margin Status not Documented, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 3267F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

3267F with 8P: pT category, pN category, Gleason score and statement about margin status were not documented in pathology report, reason not otherwise specified

RATIONALE:

Therapeutic decisions for prostate cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete pathology reports for prostate cancer may result in misclassification of patients, rework and delays, and suboptimal management. The College of American Pathologists Cancer Committee has produced an evidence-based protocol/checklist of essential pathologic parameters that are recommended to be included in prostate cancer resection pathology reports. Conformance of pathology reports with the CAP checklist is a requirement for Cancer Center certification by the ACS.

The protocol recommends the use of the TNM Staging System for carcinoma of the prostate of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC). The radical prostatectomy checklist also includes extraprostatic extension.

In a study of cancer recurrence following radical prostatectomy, it was noted that “The relatively high proportion of patients who have biopsy-proven local recurrence who have organ-confined disease is probably inaccurate and, in large part, reflects under sampling and under recognition of extraprostatic extension.”

The CAP Q probes data (2006) indicates that 11.6% of prostate pathology reports had missing elements. Extent of invasion (pTNM) was most frequently missing (52.1% of the reports missing elements), and extraprostatic extension was the second most frequently missing (41.7% of the reports missing elements). Margin status was missing in 8.3% of reports.

A sampling from prostate cancer cases in 2000 through 2001 from the College of Surgeons National Cancer Data Base found only 48.2% of surgical pathology reports for prostate cancer documented pathologic stage similar to the more recent data from the CAP Q probes study. The NCDB data showed the Gleason score was present 86.3% of
The time, slightly less than the 100% compliance found in the CAP Q probes study and that margin status was present in 84.9% of reports.

CLINICAL RECOMMENDATION STATEMENTS:
Patient management and treatment guidelines promote an organized approach to providing quality care. The (American College of Surgeons Committee on Cancer) CoC requires that 90% of pathology reports that include a cancer diagnosis contain the scientifically validated data elements outlined in the surgical case summary checklist of the College of American Pathologists (CAP) publication *Reporting on Cancer Specimens*. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

Pathologic staging is usually performed after surgical resection of the primary tumor. Pathologic staging depends on pathologic documentation of the anatomic extent of disease, whether or not the primary tumor has been completely removed.