Quality ID #249: Barrett's Esophagus

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

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

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted for each procedure that is denominator eligible as defined in the denominator criteria.

Intent and Clinician Applicability:
The intent of this measure is to assess esophageal biopsy reports indicating Barrett's Esophagus for a statement regarding presence or absence of dysplasia and grading. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period. Only one quality data code (QDC) (or equivalent) per date of procedure for each patient is required.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All surgical pathology esophageal biopsy reports for Barrett's Esophagus.

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Denominator Criteria (Eligible Cases):
Diagnosis for Barrett's Esophagus (ICD-10-CM): K22.70, K22.710, K22.711, K22.719
AND
Patient procedure during the performance period (CPT): 88305

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

Numerator Options:

Performance Met:	Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading) (3126F)
OR	
Denominator Exception:	Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa (e.g., malignant neoplasm or absence of intestinal metaplasia) (3126F *with* 1P)
OR	
Denominator Exception:	Specimen site other than anatomic location of esophagus (G8797)
OR	
Performance Not Met:	Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified (3126F *with* 8P)

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, 2022; AGA, 2011).
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) ((Vincenza Conteduca, 2012). 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, especially given that there are no recommended biomarkers for Barrett's esophagus. Endoscopic surveillance detects curable neoplasia in patients with Barrett's esophagus (AGA 2025).

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 (ACG, 2022).

REFERENCES:
ACG. (2022). Katz, P. O., Dunbar, K. B., Schnoll-Sussman, F. H., Greer, K. B., Yadlapati, R., & Spechler, S. J. (2022). ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. *The American journal of gastroenterology*, *117*(1), 27–56. https://doi.org/10.14309/ajg.0000000000001538

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AGA. (2011).American Gastroenterological Association, Spechler, S. J., Sharma, P., Souza, R. F., Inadomi, J. M., & Shaheen, N. J. (2011). American Gastroenterological Association medical position statement on the management of Barrett's esophagus. *Gastroenterology*, *140*(3), 1084–1091. https://doi.org/10.1053/j.gastro.2011.01.030

AGA. (2025). Wani, S., Zhou, M. J., Sawas, T., Rubenstein, J. H., Eluri, S., Leiman, D. A., Sultan, S., Singh, S., Inadomi, J., Thrift, A. P., Katzka, D. A., & Davitkov, P. (2025). AGA Clinical Practice Guideline on Surveillance of Barrett's Esophagus. *Gastroenterology*, *169*(6), 1184–1231. https://doi.org/10.1053/j.gastro.2025.09.012

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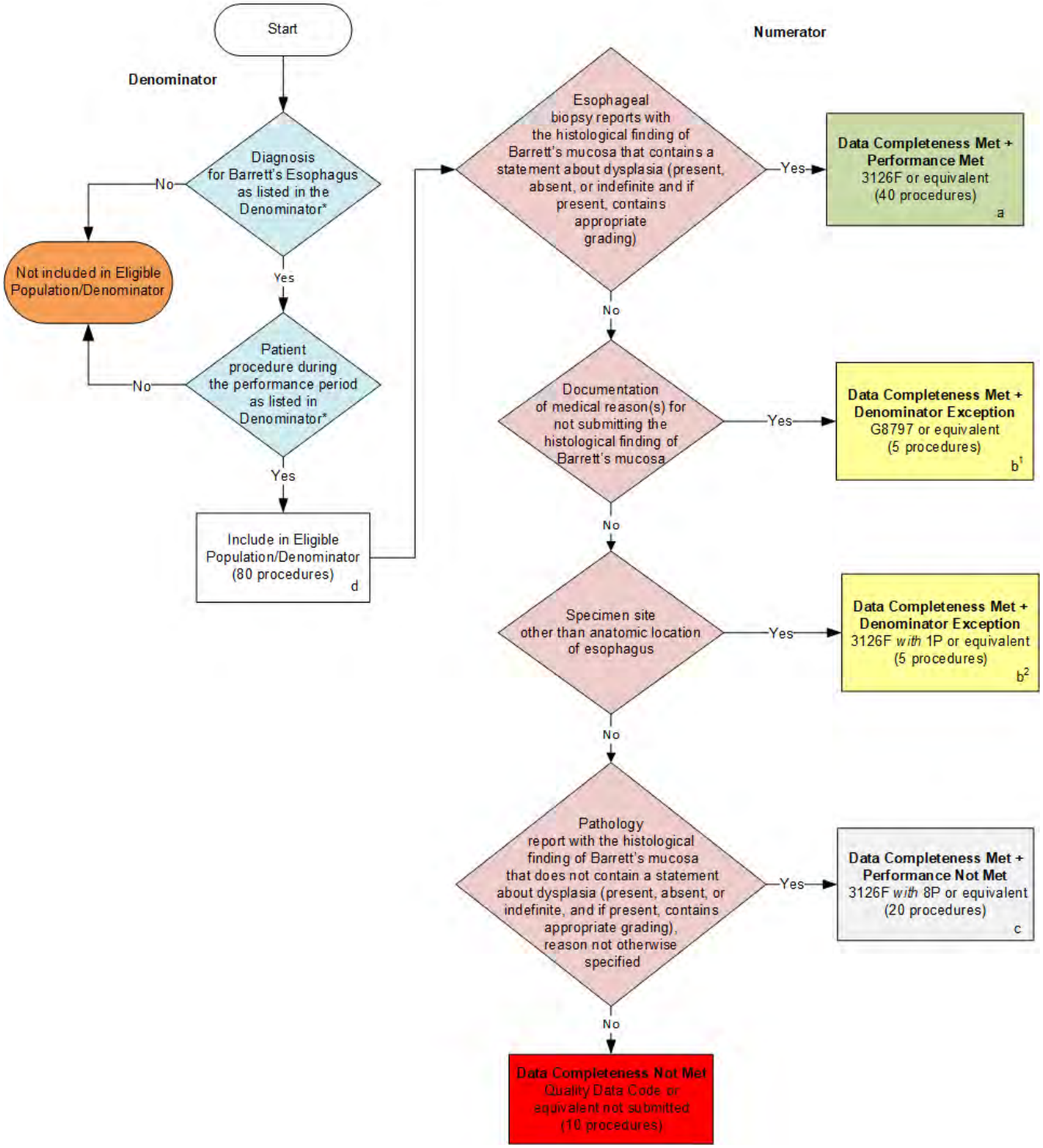
2026 Clinical Quality Measure Flow for Quality ID #249: Barrett's Esophagus

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



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 procedures) + Denominator Exception (b^1+b^2=10 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = **87.50%**

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

Performance Rate=

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

Data Completeness Numerator (70 procedures) – Denominator Exception (b^1+b^2=10 procedures) = 60 procedures

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

NOTE: Submission Frequency: Procedure

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2026 Clinical Quality Measure Flow Narrative for Quality ID #249: Barrett's Esophagus

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

1. Start with Denominator
2. Check *Diagnosis for Barrett's Esophagus as listed in the Denominator**:
    a. If *Diagnosis for Barrett's Esophagus as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for Barrett's Esophagus as listed in the Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
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, include in Eligible Population/Denominator.
4. Denominator Population:
    - Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check *Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading)*:
    a. If *Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading)* 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 procedures in Sample Calculation.
    b. If *Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading)* equals No, proceed to check *Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa.*
7. Check *Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa*:
    a. If *Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa* 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^1 equals 5 procedures in the Sample Calculation.

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b. If *Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa* equals No, proceed to check *Specimen site other than location of esophagus.*

8. Check *Specimen site other than anatomic location of esophagus*:

   a. If *Specimen site other than anatomic location of esophagus* 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^2 equals 5 procedures in the Sample Calculation.

   b. If *Specimen site other than anatomic location of esophagus* equals No, proceed to check *Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified*.

9. Check *Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified*:

   a. If *Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified* 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 procedures in the Sample Calculation.

   b. If *Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified* 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. 10 procedures have been subtracted from Data Completeness Numerator in the Sample Calculation.

<u>Sample Calculations</u>

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exceptions (b^1+b^2 equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b^1 plus b^2 equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

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

NOTE: Submission Frequency: Procedure

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.

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