Quality ID #396: Lung Cancer Reporting (Resection Specimens)

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

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Pathology reports based on lung resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer (NSCLC), histologic type.

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 that lung resection specimen pathology reports for patients with non-small cell lung cancer include the pT category, pN category and for non-small cell lung cancer, histologic type and NOT NSCLC-NOS. 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) per date of service for a 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:
Pathology reports for lung resection specimens for primary lung carcinoma.

Denominator Criteria (Eligible Cases):
Patients ≥18 years of age on date of service
AND

Diagnosis for lung cancer (ICD-10-CM): C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92
AND
Patient procedure during performance period (CPT): 88309
AND NOT
DENOMINATOR EXCLUSION:
Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS: G9424

NUMERATOR:
Pathology reports based on lung resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and NOT NSCLC-NOS (non-small cell lung cancer, not otherwise specified)).

Numerator Options:

Performance Met:	Primary lung carcinoma resection report documents pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type (e.g. Squamous Cell Carcinoma, Adenocarcinoma and NOT NSCLC- NOS) (G9422)
OR	
Denominator Exception:	Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria (e.g. metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)] (G9423)
OR	
Performance Not Met:	Primary lung carcinoma resection report does not document pT category, pN category and for Non- small Cell Lung Cancer, Histologic Type (e.g. Squamous Cell Carcinoma, Adenocarcinoma) (G9425)

RATIONALE:
The TNM staging revisions (AJCC 7th edition) became effective for all new cases diagnosed after January 1, 2010. The new staging system is applicable to both NSCLC and, for the first time, small cell lung cancer (SCLC). There are significant changes in staging, particularly in T3 for NSCLC. These updates were maintained in the AJCC 8th edition (2018). Recent evidence suggests that significant variability still exists among clinicians with respect to staging practices (Turner, SR 2018)

CLINICAL RECOMMENDATION STATEMENTS:
The TNM staging system of the American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC) is recommended for non-small cell lung cancer. Small cell lung cancer has been more commonly classified according to a separate staging system as either "limited" or "extensive" disease, but based on analysis of the International Association for the Study of Lung Cancer (IASLC) database, TNM staging is also recommended for small cell lung cancer. The purpose of pathologic evaluation is to precisely classify the histologic type of lung cancer and to determine all staging parameters as recommended by the AJCC including tumor size, the extent of invasion (pleural and bronchial), adequacy of surgical margins, and presence or absence of lymph node metastasis.
Pathologic evaluation is performed to classify the histologic type of the lung cancer, determine the extent of invasion, determine whether it is primary lung cancer or metastatic cancer, establish the cancer involvement status of the surgical margins (i.e., positive or negative margins), and do molecular diagnostic studies to determine whether certain gene mutations are present.
A new lung cancer TNM staging system was developed by the International Association of the Study of Lung Cancer (IASLC) and adopted by the American Joint Commission for Cancer (AJCC) (8th edition, 2017). This new staging system is applicable to both NSCLC and SCLC based on studies by the IASLC which demonstrated the prognostic significance of the various stage designations in both diseases… application of the TNM system will not change how patients are treated; however, clinical research studies should begin to utilize the TNM system, because it will allow for more precise

assessments of prognosis and specific therapy in the future. Therefore, the SCLC algorithm was revised in 2011 to include the TNM staging information.

REFERENCES:

Amin, M. B., Greene, F. L., Edge, S. B., Compton, C. C., Gershenwald, J. E., Brookland, R. K., Meyer, L., Gress, D. M., Byrd, D. R., & Winchester, D. P. (2017). The Eighth Edition AJCC Cancer Staging Manual: Continuing to build a bridge from a population-based to a more "personalized" approach to cancer staging. *CA: a cancer journal for clinicians*, *67*(2), 93–99. https://doi.org/10.3322/caac.21388

CAP September 2025 Protocol for the Examination of Resection Specimens From Patients With Primary Non-Small Cell Carcinoma, Small Cell Carcinoma, or Carcinoid Tumor of the Lung

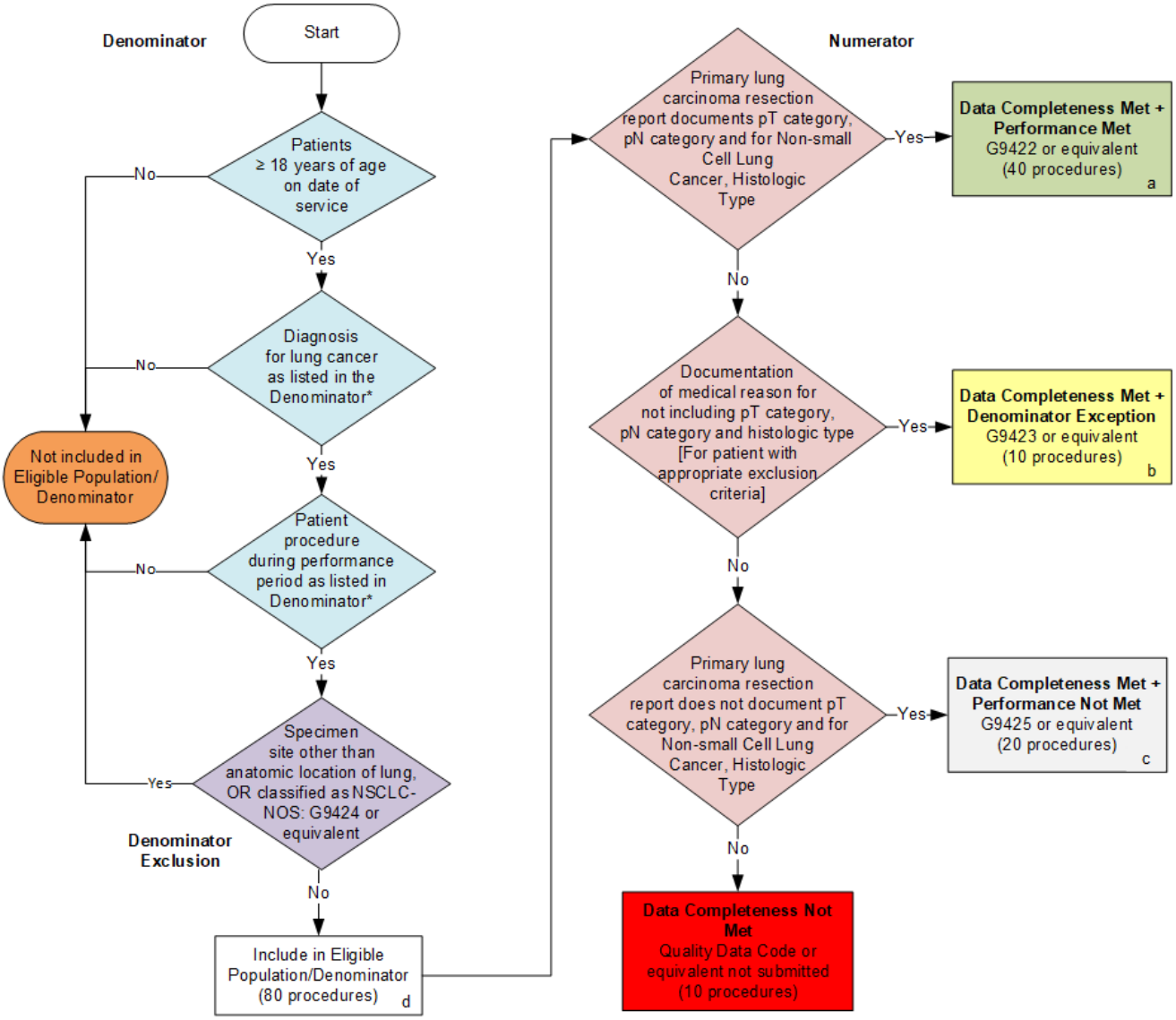
The NCCN. Non-Small Cell Lung Cancer: Clinical Practice Guidelines in Oncology. Updated August 15, 2025. Accessed November 4, 2025. To view the most recent and complete version of the guideline, go online to National Comprehensive Cancer Network.

The NCCN. Small Cell Lung Cancer: Clinical Practice Guidelines in Oncology. Updated September 16, 2025. Accessed November 4, 2025. To view the most recent and complete version of the guideline, go online to National Comprehensive Cancer Network.

Turner, S. R., Seyednejad, N., & Nasir, B. S. (2018). Patterns of Practice in Mediastinal Lymph Node Staging for Non-Small Cell Lung Cancer in Canada. The Annals of thoracic surgery, 106(2), 428–434. https://doi.org/10.1016/j.athoracsur.2018.02.054

2026 Clinical Quality Measure Flow for Quality ID #396: Lung Cancer Reporting (Resection Specimens)

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



SAMPLE CALCULATIONS

Data Completeness =

Performance Met (a=40 procedures) + Denominator Exception (b=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=10 procedures) = 60 procedures

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

NOTE: Submission Frequency: Procedure

2026 Clinical Quality Measure Flow Narrative for Quality ID #396: Lung Cancer Reporting (Resection Specimens)

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

1. Start with Denominator
2. Check *Patients greater than or equal to 18 years of age on date of service*:
    a. If *Patients greater than or equal to 18 years of age on date of service* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients greater than or equal to 18 years of age on date of service* equals Yes, proceed to check *Diagnosis for lung cancer as listed in the Denominator**.
3. Check *Diagnosis for lung cancer as listed in the Denominator**:
    a. If *Diagnosis for lung cancer as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for lung cancer as listed in the Denominator** equals Yes, proceed to check *Patient procedure during performance period as listed in Denominator**.
4. Check *Patient procedure during performance period as listed in Denominator*:*
    a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS:*
5. Check *Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS*.
    a. If *Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS* equals No, include in *Eligible Population/Denominator*.
6. 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.
7. Start Numerator

8. Check *Primary lung carcinoma resection report documents pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type*:

    a. If *Primary lung carcinoma resection report documents pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type* 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 *Primary lung carcinoma resection report documents pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type* equals No, proceed to check *Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria].*

9. Check *Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria]*:

    a. If *Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria]* 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 equals 10 procedures in the Sample Calculation.

    b. If *Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria]* equals No, proceed to check *Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type*.

10. Check *Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type*:

    a. If *Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type* equals Yes, include in *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 *Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type* equals No, proceed to check *Data Completeness Not Met*.

11. 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 the Data Completeness Numerator in the Sample Calculation.

<u>Sample Calculations</u>

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b 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 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.