Measure #265: Biopsy Follow-Up – National Quality Strategy Domain: Communication and Care Coordination

<u>2017 OPTIONS FOR INDIVIDUAL MEASURES:</u>
REGISTRY ONLY

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician

<u>INSTRUCTIONS:</u>
This measure is to be reported **once per performance period** for patients who are seen for an office visit and have a biopsy performed during the **performance period**. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Note:** *While this measure is only required to be reported once per eligible patient per performance period, it is recommended that the eligible clinician performing the biopsy communicates the results to the primary care/referring physician and patient each time a biopsy is done.*

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by 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.

<u>DENOMINATOR:</u>
All patients undergoing a biopsy

>  <u>Denominator Criteria (Eligible Cases):</u>
>  All patients regardless of age on date of encounter
>  AND
>  **Patient procedure during the performance period** (CPT): 11100, 11755, 19081, 19083, 19085, 19100,19101, 19125, 20200, 20205, 20206, 20220, 20225, 20240, 20245, 20250, 20251, 21550, 21920, 21925, 23065, 23066, 23100, 23101, 24065, 24066, 24100, 24101, 25065, 25066, 25100, 25101, 26100, 26105, 26110, 27040, 27041, 27050, 27052, 27323, 27324, 27330, 27331, 27613, 27614, 27620, 28050, 28052, 28054, 29800, 29805, 29830, 29840, 29860, 29870, 29900, 30100, 31050, 31051, 31237, 31510, 31576, 31625, 31628, 31629, 31632, 31633, 31717, 32096, 32097, 32098, 32400, 32405, 32604, 32606, 32607, 32608, 32609, 37200, 37609, 38221, 38500, 38505, 38510, 38520, 38525, 38530, 38570, 38572, 40490, 40808, 41100, 41105, 41108, 42100, 42400, 42405, 42800, 42804, 42806, 43193, 43197, 43198, 43202, 43239, 43261, 43605, 44010, 44020, 44025, 44100, 44322, 44361, 44377, 44382, 44386, 44389, 45100, 45305, 45331, 45380, 45392, 46606, 47000, 47001, 47100, 47553, 48100, 48102, 49000, 49010, 49180, 49321, 50200, 50205, 50555, 50557, 50574, 50576, 50955, 50957, 50974, 50976, 52007, 52204, 52224, 52250, 52354, 53200, 54100, 54105, 54500, 54505, 54800, 54865, 55700, 55705, 55706, 55812, 55842, 55862, 56605, 56821, 57100, 57105, 57421, 57454, 57455, 57460, 57500, 57520, 58100, 58558, 58900, 59015, 60100, 60540, 60545, 60650, 61140, 61575, 61576, 61750, 61751, 62269, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63615, 64795, 65410, 67346, 67400, 67450, 67810, 68100, 68510, 68525, 69100, 69105, 75970, 93505
>  AND
>  **Patient encounter during the performance period** (CPT): 99201, 99202, 99203, 99204, 99205
>  <u>WITHOUT</u>

Telehealth Modifier: GQ, GT

NUMERATOR:
Patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and the patient by the physician performing the biopsy. The physician performing the biopsy must also acknowledge and/or document the communication in a biopsy tracking log and document in the patient's medical record.

**Numerator Instructions:** To satisfy this measure, the biopsying physician must:
- Review the biopsy results with the patient
- Communicate those results to the primary care/referring physician
- Track communication in a log
- Document tracking process in the patient's medical record

**Definition:**
The components of a **tracking log** incorporate the following-
- Initials of physician performing the biopsy
- Patient name
- Date of biopsy
- Type of biopsy
- Biopsy result
- Date of biopsy result

**Numerator Options:**

*Performance Met:* Biopsy results reviewed, communicated, tracked, and documented **(G8883)**

OR

*Denominator Exception:* Clinician documented reason that patient's biopsy results were not reviewed, [e.g., patient asks that biopsy results not be communicated to the primary care/referring physician, patient does not have a primary care/referring physician or is a self-referred patient] **(G8884)**

OR

*Performance Not Met:* Biopsy results not reviewed, communicated, tracked, or documented **(G8885)**

RATIONALE:
The purpose of this measure is to ensure that biopsy results with potentially serious consequences for patient care are not lost or ignored. Large health plan/delivery systems have identified a prominent quality of care issue as involving missing or overlooked biopsy pathology reports. All biopsy results should be accounted for and the results communicated to the patient or patient's guardian/caregiver and to the patient's primary care physician and/or other physician/professional responsible for follow-up care. Failure of the medical team to take appropriate action based on the result of a biopsy may lead to significant delays in obtaining appropriate treatment with subsequent poor outcomes, complications and even death. This measure will facilitate physician quality assurance that all biopsies are read, recorded and the results communicated.

CLINICAL RECOMMENDATION STATEMENTS:
The measure does not directly address that follow-up care has been concluded, but rather addresses the critical first step in the treatment chain. Appropriate follow-up care must be specifically tailored to each clinical diagnosis. Biopsy results are not only essential to making a final diagnosis, but they are also essential to disease staging and treatment planning. The patient needs to be informed of the biopsy results so they can not only be completely aware of their condition, but also so they can make informed decisions about their care and treatment.

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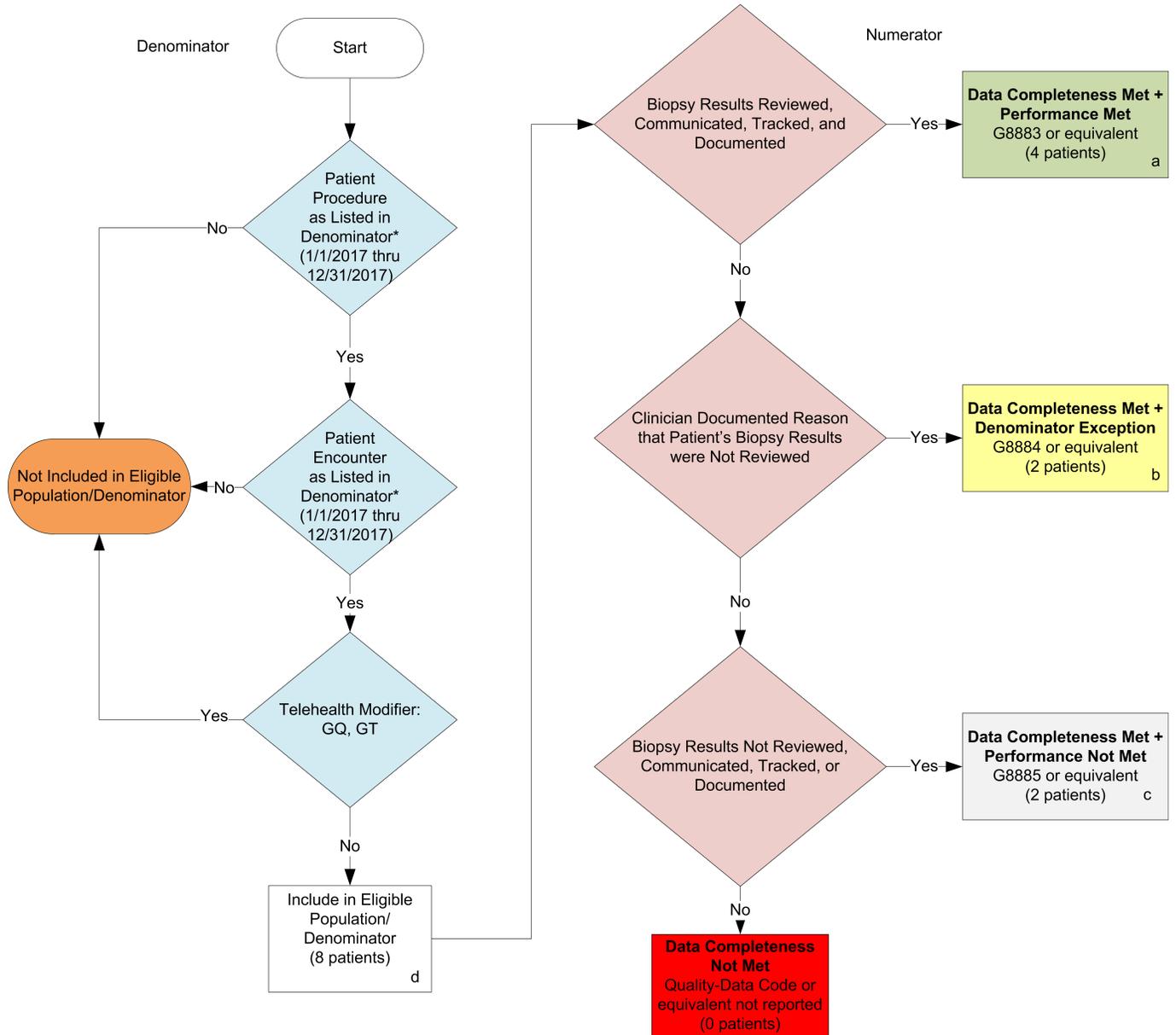AAD encourages use of this Measure by other health care professionals, where appropriate.

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# 2017 Registry Individual Measure Flow
## #265: Biopsy Follow-Up

Denominator

Start

Numerator

Patient Procedure as Listed in Denominator* (1/1/2017 thru 12/31/2017)

— No → 

Biopsy Results Reviewed, Communicated, Tracked, and Documented — Yes → **Data Completeness Met + Performance Met** G8883 or equivalent (4 patients)  a

Yes ↓

Patient Encounter as Listed in Denominator* (1/1/2017 thru 12/31/2017)

— No → Not Included in Eligible Population/Denominator

No ↓

Clinician Documented Reason that Patient's Biopsy Results were Not Reviewed — Yes → **Data Completeness Met + Denominator Exception** G8884 or equivalent (2 patients)  b

Yes ↓

Telehealth Modifier: GQ, GT

— Yes → (Not Included in Eligible Population/Denominator)

No ↓

Biopsy Results Not Reviewed, Communicated, Tracked, or Documented — Yes → **Data Completeness Met + Performance Not Met** G8885 or equivalent (2 patients)  c

Include in Eligible Population/ Denominator (8 patients)  d

No ↓

**Data Completeness Not Met** Quality-Data Code or equivalent not reported (0 patients)

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**SAMPLE CALCULATIONS:**

**Data Completeness=**
Performance Met (a=4 patients) + Denominator Exception (b=2 patients) + Performance Not Met (c=2 patients) = 8 patients = **100.00%**
Eligible Population / Denominator (d=8 patients) =                                            8 patients

**Performance Rate=**
                    Performance Met (a=4 patients)                              =    4 patients  = **66.67%**
Data Completeness Numerator (8 patients) – Denominator Exception (b=2 patients) =   6 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency: Patient-process

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Procedure Performed:

   a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If Procedure as Listed in the Denominator equals Yes, proceed to check Encounter Performed population.

3. Check Encounter Performed:

   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

4. Check Telehealth Modifier:

   a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.

   b. If Telehealth Modifier equals No, include in the Eligible population.

5. Denominator Population:

   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

6. Start Numerator

7. Check Biopsy Results Reviewed, Communicated, Tracked and Documented:

   a. If Biopsy Results Reviewed, Communicated, Tracked and Documented equals Yes, include in Data Completeness Met and Performance Met.

   b. 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 4 patients in Sample Calculation.

   c. If Biopsy Results Reviewed, Communicated, Tracked and Documented equals No, proceed to Clinical Documented Reason that Patient's Biopsy Results were not Reviewed.

8. Check Clinician Documented Reason that Patient's Biopsy Results were not Reviewed:

   a. If Clinician Documented Reason that Patient's Biopsy Results were not Reviewed equals Yes, include in Data Completeness Met and Denominator Exception.

   b. 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 2 patients in the Sample Calculation.

c.  If Clinician Documented Reason that Patient's Biopsy Results were not Reviewed equals No, proceed to Biopsy Results Not Reviewed, Communicated, Tracked or Documented.

9.  Check Biopsy Results Not Reviewed, Communicated, Tracked or Documented:

a.  If Biopsy Results Not Reviewed, Communicated, Tracked or Documented equals Yes, include in the Data Completeness Met and Performance Not Met.

b.  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 2 patients in the Sample Calculation.

c.  If Biopsy Results Not Reviewed, Communicated, Tracked or Documented equals No, proceed to Data Completeness Not Met.

10.  Check Data Completeness Not Met:

a.  If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 0 patients has been subtracted from the data completeness numerator in the sample calculation.

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**SAMPLE CALCULATIONS:**

**Data Completeness=**
Performance Met (a=4 patients) + Denominator Exception (b=2 patients) + Performance Not Met (c=2 patients) = 8 patients = **100.00%**
Eligible Population / Denominator (d=8 patients) = 8 patients

**Performance Rate=**
$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (8 patients)} - \text{Denominator Exception (b=2 patients)}} = \frac{\text{4 patients}}{\text{6 patients}} = \textbf{66.67\%}$$