

College of American Pathologists  
*Pathology Performance Measurement*

October 2009

Protein electrophoresis evaluation, serum/urine/CSF

Measure #1 – Reports that include interpretive statements on an abnormality or a statement noting a normal finding

Barrett's Esophagus

Measure #2 – Reports with a diagnosis of Barrett's Esophagus that also include a statement on dysplasia

Radical Prostatectomy Pathology Reporting

Measure #3 – Reports include the pT category, the pN category, and the presence or absence of extraprostatic extension

Peripheral Blood Smear Reporting

Measure #4 – Reports that contain interpretive comments (quantitative or morphologic information) on relevant cell types including RBC, WBC, and/or platelets

Cytopathology

Measure #5 – Turn around time (TAT) for routine non-gynecologic cytopathology specimens

Transfusion Medicine

Measure #6 – Guidance and appropriateness of therapeutic apheresis

Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients

Measure #7 – HER2 evaluation by IHC uses the scoring system recommended by the ASCO/CAP guidelines

Molecular Pathology: Quantitative *BCR-ABL1* Transcript Level Reporting

Measure #8 – Positive quantitative *BCR-ABL1* transcript test results include a comment that relates the result to the laboratory's baseline median for patients with untreated chronic myelogenous leukemia

Specimen Acquisition by Pathologists

Measure #9 – Bone Marrow and Fine Needle Aspiration (FNA)/Specimen Acquisition timeout procedure

Protein electrophoresis evaluation, serum/urine/CSF

Measure #1: Descriptive statements on presence or absence of abnormalities in protein electrophoresis evaluation, serum/urine/CSF

This measure may be used as an Accountability measure

Measure Description: This is a physician-specific measure based on whether a protein electrophoresis evaluation includes interpretive statement on the presence of an abnormality or noting a normal finding

Clinical Performance Measure
<p><u>Numerator:</u> Protein electrophoresis reports that includes interpretive statement on the presence of an abnormality or note on a normal finding</p> <p><u>Denominator:</u> All patients having protein electrophoresis of serum, CSF, or urine specimens</p> <p><u>Denominator Exclusions:</u> None</p> <p>Measure: Percentage of protein electrophoresis evaluation reports that include interpretive statements on abnormalities or a statement noting a normal finding</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>Guideline 1: Serum and urine electrophoresis of high resolution is indicated for all patients suspected of having a plasma cell dyscrasia. The gel should be examined directly by the interpreter. This applies most commonly to clinical disorders that suggest multiple myeloma, Waldenstrom's macroglobulinemia, or amyloidosis (AL) but also includes POEMS syndrome, heavy-chain diseases, and immunoglobulin deposition disease.<sup>1</sup></p>
<p><u>Rationale for the measure:</u></p> <p>Protein electrophoresis of serum, urine, and CSF are used to screen, evaluate and monitor a variety of diseases and conditions. A technique is used to separate the different components proteins resulting in the presence of electrophoretic patterns that are quantitated and scanned yielding a specific protein imprint and pattern that may include abnormal bands. Protein electrophoretic studies are incomplete without a pathologist's clinical interpretation about the presence or absence of scanned or quantitative abnormalities. Currently, the majority of protein electrophoretic studies are ordered without an interpretation. Though it may</p>

<sup>1</sup> Keren, D., et al., Guidelines for Clinical and Laboratory Evaluation of Patients with Monoclonal Gammopathies. *Arch Pathol Lab Med.* 1999;123:106-107.

be appropriate to order some repeat protein electrophoretic studies without an interpretation; patients would benefit if currently uninterpreted protein electrophoretic studies were examined and interpreted directly by the pathologist.

**Data capture and calculations:**

**Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Protein electrophoresis reports that include interpretive statements on abnormalities or a statement noting a normal finding

**Denominator (PD) Includes:**

- All patients having protein electrophoresis of serum, CSF or urine specimens

**Denominator Exclusions (C) Include:**

- None

**Measure Specifications** – Measure #1: Descriptive statements on abnormalities in protein electrophoresis evaluation, serum/urine/CSF

Measure specifications will be provided for multiple data sources.

**A. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** All patients who have a protein electrophoresis analysis of a serum, CSF or urine specimen

➤ CPT codes:

- Protein electrophoresis, serum, urine, and CSF – 84165-26, 84166-26

**Denominator Exclusion:** None

**Numerator:** Protein electrophoresis reports that includes interpretive statement on the presence of an abnormality or noting a normal finding

- Report one of the following CPT Category II codes (in development) to confirm the inclusion of the designated elements in a protein electrophoresis report:
- XXX1F – pathologist-interpreted protein electrophoresis report includes statements with interpretations on abnormalities or a statement noting a normal finding
  - XXX2F – pathologist-interpreted protein electrophoresis report does not include statements with interpretations on abnormalities or a statement noting a normal finding

Performance Measure: XXX1F  
Claims using CPT code 84165-26 and 84166-26 – XXX1F-1P

Reporting Measure: XXX1F + XXX2F  
Claims using CPT code 84165-26 and 84166-26 – XXX1F-1P

**B. Electronic Health Record System (TBD)**

**C. Paper Medical Record (TBD)**

## Barrett's Esophagus

Measure #2: Esophageal biopsies with a diagnosis of Barrett's esophagus that also include a statement on dysplasia

This measure may be used as an Accountability measure

Measure Description: This is a physician-specific measure based on esophageal biopsies with a diagnosis of Barrett's esophagus that also include a statement on dysplasia

Clinical Performance Measure
<p><u>Numerator:</u> Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contains a statement regarding the presence or absence of dysplasia.</p> <p><u>Denominator:</u> The number of esophageal biopsy reports that document the presence of Barrett's mucosa.</p> <p><u>Denominator Exclusions:</u> Esophageal biopsy reports with malignant neoplasms</p> <p>Measure: Percentage of patients with esophageal biopsy reports of Barrett's esophagus that include a statement about dysplasia.</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>The diagnosis of Barrett's esophagus requires systematic biopsy of the abnormal-appearing esophageal mucosa to document intestinal metaplasia and to detect dysplasia.<sup>2</sup></p>
<p><u>Rationale for the measure:</u></p> <p>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 (PQRI measure #62, ACG, 2005).</p> <p>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</p>

<sup>2</sup> Sampliner RE and the practice parameters committee of the American College of Gastroenterology. Updated practice guidelines on the diagnosis, surveillance and therapy of Barrett's esophagus. Amer J Gastroentrol 97:1888-1895, 2002

adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective.<sup>3</sup> A diagnosis of Barrett's esophagus could allow for appropriate screening of at risk patients as recommended by the American College of Gastroenterology<sup>4</sup>.

Standard endoscopy with biopsy currently is the most reliable means of establishing a diagnosis of Barrett's esophagus.<sup>5</sup> 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.<sup>6</sup> The presence and grade of dysplasia cannot be determined by routine endoscopy<sup>7</sup>, and pathologist' review of a biopsy is essential for recognition of dysplasia.<sup>8</sup> Endoscopic surveillance detects curable neoplasia in patients with Barrett's esophagus.<sup>9</sup>

#### Data capture and calculations:

##### Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

##### Numerator (A) Includes:

- Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contains a statement regarding the presence or absence of dysplasia.

##### Denominator (PD) Includes:

- The number of esophageal biopsy reports that document the presence of Barrett's mucosa.

Denominator Exclusions (C) Include: Esophageal biopsy reports with malignant neoplasms

---

<sup>3</sup> Barrett's Esophagus, National Digestive Diseases Information Clearinghouse, HHS  
[www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)

<sup>4</sup> Sampliner RE and the practice parameters committee of the American College of Gastroenterology. Updated practice guidelines on the diagnosis, surveillance and therapy of Barrett's esophagus. Amer J Gastroentrol 97:1888-1895, 2002.

<sup>5</sup> Sharma, P. et al., A Critical Review of the Diagnosis and Mangement of Barrett's Esophagus: The AGA Chicago Workshop. GasteroEnterology 2004;127:310-330.

<sup>6</sup> CAP 06 AP118 The Nuance of Inflammation in the Gastrointestinal Tract: How to Become Your Gastroenterologist's Best Friend, Robert E Petras, MD, FCAP, FACG  
[http://www.cap.org/apps/docs/annual\\_meeting/cap\\_06/course\\_materials/inflammation\\_in\\_the\\_gastrointestinal\\_tract.pdf](http://www.cap.org/apps/docs/annual_meeting/cap_06/course_materials/inflammation_in_the_gastrointestinal_tract.pdf)

<sup>7</sup> Sharma, P. et al., A Critical Review of the Diagnosis and Mangement of Barrett's Esophagus: The AGA Chicago Workshop. GasteroEnterology 2004;127:310-330.

<sup>8</sup> Sampliner RE and the practice parameters committee of the American College of Gastroenterology. Updated practice guidelines on the diagnosis, surveillance and therapy of Barrett's esophagus. Amer J Gastroentrol 97:1888-1895, 2002.

<sup>9</sup> Sharma, P. et al., A Critical Review of the Diagnosis and Mangement of Barrett's Esophagus: The AGA Chicago Workshop. GasteroEnterology 2004;127:310-330.

**Measure Specifications** – Measure #2: *Esophageal biopsies with a diagnosis of Barrett's Esophagus that also include a statement on dysplasia*

Measure specifications will be provided for multiple data sources.

**D. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** Patients 18 or older, plus

➤ **CPT codes:**

- CPT code – 88305

AND

➤ **ICD-9 codes:**

- 530.10 - 530.12 Esophagitis
- 530.85 Barrett's esophagus
- 530.81 Esophageal reflux
- 553.3 Hiatal hernia

AND

➤ Report one of the following CPT Category II codes (in development) to confirm the documentation of the presence of Barrett's esophagus:

- GXXX1 Barrett's epithelium (intestinal metaplasia) present
- GXXX2 No Barrett's epithelium (intestinal metaplasia) present
- GXXX3 No statement on Barrett's epithelium (intestinal metaplasia)

**Note:** Only those esophageal biopsy reports with a diagnosis of Barrett's epithelium (GXXX1) will be counted in the denominator for this measure

**Denominator Exclusion:** Patients with malignant neoplasms

- Append modifier to CPT Category II code: GXXX1-1P or GXXX2-1P

**Numerator:** Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contain a statement regarding the presence or absence of dysplasia

- GXXX4 Barrett's epithelium (intestinal metaplasia) present with a statement about dysplasia (present, absent, or indefinite)
- GXXX5 No statement regarding dysplasia

Performance Measure:	<u>GXXX4</u> GXXX1
Reporting Measure:	<u>GXXX4 + GXXX5</u> GXXX1
E. Electronic Health Record System <i>(TBD)</i>	
F. Paper Medical Record <i>(TBD)</i>	

## Radical Prostatectomy

Measure #3 – the pT category, the pN category, and the presence or absence of extraprostatic extension

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether radical prostatectomy pathology report includes the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension.

Clinical Performance Measure
<p><b>Numerator:</b> Reports that include the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension</p> <p><b>Denominator:</b> The number of radical prostatectomy pathology reports</p> <p><b>Denominator Exclusions:</b> Other malignant neoplasms, secondary site prostatic carcinomas, and transurethral resections of the prostate (TURP)</p> <p>Measure: Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension.</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>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 <i>Reporting on Cancer</i></p>

<sup>10</sup> American College of Surgeons Commission on Cancer. *Cancer Program Standards 2004 Revised Edition*. Available at: <http://www.facs.org/cancer/coc/cocprogramstandards.pdf>. Accessed August 29, 2006

<sup>11</sup> Prostate gland, Protocol applies to invasive carcinomas of the prostate gland. College of American Pathologists. Revised January 2005. Available at: [http://www.cap.org/apps/docs/cancer\\_protocols/2006/prostate06\\_pw.doc](http://www.cap.org/apps/docs/cancer_protocols/2006/prostate06_pw.doc) Accessed April 6, 2007.

*Specimens.*<sup>10</sup> 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.<sup>11</sup>

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.<sup>12</sup>

#### Rationale for the measure:

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).<sup>13 14</sup> The radical prostatectomy checklist also includes extraprostatic extension.<sup>15</sup>

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 undersampling and underrecognition of extraprostatic extension.”<sup>16</sup>

The CAP Q probes data 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). The Q probes study indicates that one or all three of these required elements were missing from 10.8% of reports.

#### Data capture and calculations:

##### Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

<sup>12</sup> Ibid.

<sup>13</sup> Greene FL, Page DL, Fleming ID, et al, eds. *AJCC Cancer Staging Manual*. 6th ed. New York: Springer; 2002.

<sup>14</sup> Sobin LH, Wittekind C. *UICC TNM Classification of Malignant Tumours*. 6th ed. New York: Wiley-Liss; 2002.

<sup>15</sup> Prostate gland, Protocol applies to invasive carcinomas of the prostate gland. College of American Pathologists. Revised January 2005. Available at: [http://www.cap.org/apps/docs/cancer\\_protocols/2006/prostate06\\_pw.doc](http://www.cap.org/apps/docs/cancer_protocols/2006/prostate06_pw.doc) Accessed April 6, 2007.

<sup>16</sup> Ripple, M., et al., Needle biopsy of recurrent adenocarcinoma of the prostate after radical prostatectomy. *Mod Pathol* 2000;13(5):521–527

**Numerator (A) Includes:**

- Reports that include the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension.

**Denominator (PD) Includes:**

- All patients with radical prostatectomy pathology reports

**Denominator Exclusions (C) Include:**

- Other malignant neoplasms, secondary site prostatic carcinomas, and transurethral resections of the prostate (TURP)

**Measure Specifications – Measure #3: Pathology Report content for Radical Prostatectomy**  
Measure specifications will be provided for multiple data sources.

**G. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** The number of radical prostatectomy pathology reports

CPT codes:

- CPT Code 88309

AND

- ICD- 9 Code: 185

**Denominator Exclusion:** Other malignant neoplasms, secondary site prostatic carcinomas, and transurethral resections of the prostate (TURP)

**Numerator:** Patients with radical prostatectomy pathology reports that include the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension

- Report one of the following CPT Category II codes (in development) to confirm the inclusion of the designated elements in a radical prostatectomy pathology report:
  - XXX1F –report includes the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension
  - XXX2F –report does not include the pT category, the pN category, and a statement about the presence or absence of extraprostatic extension

Performance Measure: XXX1F  
Claims using CPT code 88309 and ICD-9 code 185

Reporting Measure: XXX1F + XXX2F  
Claims using CPT code 88309 and ICD-9 code 185

H. Electronic Health Record System (TBD)

I. Paper Medical Record (TBD)

## Peripheral Blood Smears

**Measure #4: Pathologist-Read Peripheral Blood Smears Reports that contain interpretive comments (quantitative or morphologic information) on relevant cell types including RBC, WBC, and/or platelets**

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether the pathologist-read peripheral blood smear contains interpretive comments (quantitative or morphologic information) on the relevant cell types including RBC, WBC, and/or platelets.

Clinical Performance Measure
<p><b><u>Numerator:</u></b> Reports that contain interpretive comments (quantitative or morphologic information) on the relevant cell types including RBC, WBC, and/or platelets.</p> <p><b><u>Denominator:</u></b> All patients with pathologist-read peripheral blood smear</p> <p><b><u>Denominator Exclusions:</u></b> None</p> <p>Measure: Percentage of pathologist read peripheral blood smear reports that contain interpretive comments (quantitative or morphologic information) on the relevant cell types: RBC, WBC, and/or platelets</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p>
<p><b>Rationale for the measure:</b></p> <p>Peripheral blood smears are read by pathologists when automated analysis indicates an abnormality or when clinical information prompts a clinician to ask specifically for the pathologist's review. Pathologist's review of peripheral blood smears therefore is necessarily focused on either the number or morphology of the abnormal cell type.</p> <p>Pathologist review of peripheral blood smears is an important component leading to the differential diagnoses in a number of conditions and diseases including anemia, hemoglobinopathy, thalassemia, thrombocytopenia, thrombocytosis, leukemia, lymphoma, and bone marrow failure.<sup>17</sup> For example, a recent study indicated that</p>

<sup>17</sup> Bain, B.J., Diagnosis from the Blood Smear. *N Eng J Med* 2005;353:498-507.

<sup>18</sup> Sandhaus, L.M., et al. Measuring the Clinical Impact of Pathologist Reviews of Blood and Body Fluid Smears. *Arch Pathol Lab Med* 2007;131:468-472.

85% of pathologist reviews seen by clinicians were considered clinically useful, particularly in the clinical diagnosis and patient management of acute leukemia, meningitis, and anemia, as well as helping to exclude certain diagnoses.<sup>18</sup>

**Data capture and calculations:**

Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Reports that contain interpretive comments (quantitative or morphologic information) on relevant cell types including RBC, WBC, and/or platelets.

**Denominator (PD) Includes:**

- All patients with pathologist-read peripheral blood smear

**Denominator Exclusions (C) Include:**

- None



## Cytopathology

### Measure #5: Turn around time (TAT) for routine non-gynecologic cytopathology specimens

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether routine non-gynecologic cytopathology specimen reports are finalized (signed out) with a turnaround time of less than or equal to 2 working days\* from their accession in the laboratory, with an optimal goal of 90%.

Clinical Performance Measure
<p><b>Numerator:</b> Patients with routine non-gynecologic cytopathology specimens on which reports are finalized within two working days * from accession in the laboratory.</p> <p>[*Working days definition to be added.]</p> <p><b>Denominator:</b> All patients with routine non-gynecologic cytopathology specimens</p> <p><b>Denominator Exclusions:</b> Patients with non-routine non-gynecologic cytopathology specimens</p> <p>Measure: Percentage routine non-gynecologic cytopathology specimens with reports finalized within two working days from accession in the laboratory</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>CYP.07690: Are 90% of reports on routine non-gynecologic cytology cases completed within 2 working days of receipt by the laboratory performing the evaluation?</p> <p>NOTE: This question is primarily concerned with the majority of routine specimens, and applies to all laboratories. Longer reporting times may be allowed for specimens requiring special processing or staining (e.g., immunohistochemistry or other molecular analysis).<sup>19</sup></p>
<p><b>Rationale for the measure:</b></p> <p>Non-gynecologic cytopathology specimens are taken for diagnostic purposes. These specimens are obtained for the evaluation of abnormal findings on history and physical examination or from radiologic or laboratory</p>

<sup>19</sup> CAP Cytopathology Checklist 2005-2006, [http://www.cap.org/apps/docs/laboratory\\_accreditation/checklists/cytopathology\\_october2006.pdf](http://www.cap.org/apps/docs/laboratory_accreditation/checklists/cytopathology_october2006.pdf) as viewed on April 30, 2007.

studies. These specimens are relied upon to support immediate patient care decision-making, and their optimal TAT is thus an important patient safety parameter.

The CAP Laboratory Accreditation Program Checklist predicates a standard for TAT of routine non-gynecologic specimens stated above. The 90% standard derives from the cited CAP Q-probes study published in 2001. A laboratory would be in the top 50% of performers if its mean collection to reporting turnaround time is 2.1 calendar days or less (receipt to report in 1.6 calendar days or less), and 90% of cases are reported in 4.0 calendar days or less (receipt to report in 3.0 calendar days or less).<sup>20</sup> From a recent (2005-6) audit of CAP LAP cited deficiencies, this was the second most common phase 1 deficiency, providing evidence of a gap in performance in the cytology community (<sup>21</sup>see web address below).

The 2001 study also concluded that “Longer turnaround times were associated with processing fluid and fine-needle aspiration specimens, issuing atypical/suspicious for malignancy and nondiagnostic diagnoses, having cytotechnologist students screen slides, having to contact the physician offices for additional information, having to retrieve prior case material for review, and having to perform cell blocks and/or special stains.”<sup>22</sup>

Therefore this measure excludes “non-routine” specimens which include:

- 1) Those in which special studies (such as immunocytochemistry, histochemical stains, flow cytometric analyses, etc.) are necessary to report the final interpretation.
- 2) Those in which prior specimen slides need to be retrieved for comparison from another Institution.
- 3) Those in which clinicians need to be contacted for additional information.
- 4) Cases requiring additional consultation or quality control review.

Data capture and calculations:

**Calculation for Performance:** For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Patients with routine non-gynecologic cytopathology specimens on which reports are finalized within two working days from accession in the laboratory

**Denominator (PD) Includes:**

- All patients with routine non-gynecologic cytopathology specimens

**Denominator Exclusions (C) Include:**

- Patients with documented non-routine cytopathology specimens

<sup>20</sup> Jones BA, Novis DA. Nongynecologic cytology turnaround time. A College of American Pathologists Q-Probes study of 180 laboratories. *Arch Pathol Lab Med.* 2001;125:1279-1284.

<sup>21</sup>

[http://www.cap.org/apps/cap.portal?\\_nfpb=true&cntvwrPtit\\_actionOverride=%2Fportlets%2FcontentViewer%2Fshow&\\_windowLabel=cntvwrPtit&cntvwrPtit%7BactionForm.contentReference%7D=laboratory\\_accreditation%2Fchecklists%2Fdeficiencies%2FCYP\\_MCD\\_2005-2006.html&\\_state=maximized&\\_pageLabel=cntvwr](http://www.cap.org/apps/cap.portal?_nfpb=true&cntvwrPtit_actionOverride=%2Fportlets%2FcontentViewer%2Fshow&_windowLabel=cntvwrPtit&cntvwrPtit%7BactionForm.contentReference%7D=laboratory_accreditation%2Fchecklists%2Fdeficiencies%2FCYP_MCD_2005-2006.html&_state=maximized&_pageLabel=cntvwr)

<sup>22</sup> Jones BA, Novis DA. Nongynecologic cytology turnaround time. A College of American Pathologists Q-Probes study of 180 laboratories. *Arch Pathol Lab Med.* 2001;125:1279-1284.

**Measure Specifications** – *Measure #5: Turn around time (TAT) for routine non-gynecologic cytopathology specimens*  
Measure specifications will be provided for multiple data sources.

**M. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Definition:** For the purposes of this measure, turnaround time (TAT) for routine non-gynecologic cytopathology specimens: 90% of routine non-gynecologic cytopathology specimen reports should be finalized within two working days (3 calendar days) from accession in the laboratory.

**Denominator (Eligible Population):** All patients aged who have a routine non-gynecologic cytopathology specimen examined by a pathologist

➤ CPT codes:

- Cytopath fl non-gyn smears - 88104
- Cytopath fl non-gyn filter - 88106
- Cytopath fl non-gyn sm/fltr - 88107
- Cytopath concentrated - 88108
- Cytopath, cell enhanced - 88112
- Cytopath smear, other source - 88160
- Cytopath eval, fna, report - 88173

Note: Only patients requiring routine non-gynecologic cytopathology specimen reporting will be counted in the denominator for this measure

**Denominator Exclusion:** Documentation that the non-gynecologic specimen was non-routine including:

- 1) Those in which special studies (such as immunocytochemical stains, flow cytometric analyses, etc.) are necessary to report the final interpretation.
- 2) Those in which prior specimen slides need to be retrieved for comparison from another institution.
- 3) Those in which clinicians need to be contacted for additional information.
- 4) Those requiring additional diagnostic consultation or review.

- Append modifier to CPT Category II code: XXX1F-1P

**Numerator:** Patients with routine non-gynecologic cytopathology specimens on which reports are finalized within two working days from accession in the laboratory

➤ Report one of the following CPT Category II codes (in development) to confirm the TAT for

routine non-gynecologic cytopathology specimens:

- XXX1F – Non-gynecologic cytopathology specimen, with report completed in  $\leq 2$  days of accession date
- XXX1F-1P – Non-routine non-gynecologic cytopathology specimen, with report not completed in  $\leq 2$  days of accession date and with documentation in the report that the specimen was non-routine
- XXX1F-8P – Non-gynecologic specimen, with report not completed in  $\leq 2$  days of accession date and without documentation in the report that the specimen was non-routine

Performance Measure: XXX1F  
Claims identified by CPT I codes 88104, 88106, 88107, 88108, 88160 or 88173 less claims identified by CPT II code XXX1F-1P

Reporting Measure: XXX1F+XXX1F-1P + XXX1F-8P  
Claims identified by CPT I codes 88104, 88106, 88107, 88108, 88160 or 88173

N. Electronic Health Record System *(TBD)*

O. Paper Medical Record *(TBD)*

## Transfusion Medicine

### Measure #6 – Guidance and Appropriateness of Therapeutic Apheresis

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether a pathologist's professional service on apheresis therapy includes the following elements: the reason for apheresis, the schedule for therapy, choice of replacement fluid and volume of replacement fluid.

#### Clinical Performance Measure

**Numerator:**

Reports that document the reason for apheresis including notation of guidelines (e.g. AABB, ASFA) used, the schedule for therapy, choice of replacement fluid, and volume of replacement fluid.

**Denominator:**

All patients requiring a pathologist professional service on therapeutic apheresis

**Denominator Exclusions:**

Medical exclusion – None

Measure: Percentage of pathologist's professional service on therapeutic apheresis that include the following information: the reason for apheresis including notation of guidelines (e.g. AABB, ASFA) used, the schedule for therapy, choice of replacement fluid, and volume of replacement fluid.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

"Table V: General issues to be considered when evaluating a new patient for initiation of therapeutic apheresis"<sup>23</sup>

"In Table V, we suggest information to include in a consultation note prior to performing a TA procedure. This standard approach to consultation may be helpful to the readers who have less experience in TA. The patient's clinical condition and situation should be considered when deciding the timing of treatment. This determination should be made through consultation between the requesting physician and the medical director of apheresis unit using appropriate medical judgment."<sup>24</sup>

GUIDELINES FOR DOCUMENTATION OF THERAPEUTIC APHERESIS PROCEDURES IN THE MEDICAL RECORD BY APHERESIS PHYSICIANS

[http://www.apheresis.org/%7EDOCUMENTS/ASFA - Guidelines\\_for\\_Documentation\\_of\\_TA\\_Procedures.pdf](http://www.apheresis.org/%7EDOCUMENTS/ASFA - Guidelines_for_Documentation_of_TA_Procedures.pdf)

<sup>23</sup>Szczepiorkowski, Z. M., et al., The New Approach to Assignment of ASFA Categories-Introduction to the Fourth Special Issue: Clinical Applications of Therapeutic Apheresis. *J. Clin. Apheresis*. 22:96-105, 2007.

**Rationale for the measure:**

Pathologists trained in transfusion medicine provide professional services so that patients undergo appropriate apheresis treatment, in accordance with available evidence-based data. Apheresis is an essential lifesaving treatment for some patients.<sup>25</sup> However, the procedure carries risks that must be carefully weighed. In addition, use of the wrong replacement fluids can expose patients to unnecessary risks of transfusion-transmitted disease or may not provide the desired therapeutic outcome. Likewise, use of inappropriate blood volumes can also increase the risk of side effects, like hypocalcemia, while not proportionately increasing the benefit. It is essential that a trained physician ensure that the procedure is done safely to benefit the patient.

**Data capture and calculations:**

**Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Reports on therapeutic apheresis that document the reason for apheresis including notation of guidelines (e.g. AABB, ASFA) used, the schedule for therapy, choice of replacement fluid, and volume of replacement fluid.

**Denominator (PD) Includes:**

- All patients requiring a pathologist's professional service on therapeutic apheresis

**Denominator Exclusions (C) Include:**

- Medical exclusion – none

---

<sup>24</sup> Ibid.

<sup>25</sup> Szczepiorkowski, Z. M., et al., The New Approach to Assignment of ASFA Categories-Introduction to the Fourth Special Issue: Clinical Applications of Therapeutic Apheresis. *J. Clin. Apheresis*. 22:96-105, 2007.

Measure Specifications – Measure #6: Guidance and Appropriateness of Therapeutic Apheresis

**P. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** All patients requiring pathologist professional service on therapeutic apheresis

- **CPT codes:** 36511 (WBC), 36512 (RBC), 36513 (platelet) 36514 (plasma), 36522 (photopheresis) or 80502 (pathologist consultation)

AND

- **Pathologist professional service for therapeutic apheresis indicated by CPT Category II code: XXX2F**

**Denominator Exclusion:** None

**Numerator:** All reports on therapeutic apheresis that include the following elements: the reason for apheresis, the schedule for therapy, choice of replacement fluid, volume of replacement fluid, and notation of guidelines (e.g. AABB, ASFA) used

- Report one of the following CPT Category II codes (in development) to confirm the inclusion of the designated elements:
  - XXX1F – pathologist report contains the following elements: the reason for apheresis including notation of guidelines (e.g. AABB, ASFA) used, the schedule for therapy, choice and volume of replacement fluid
  - XXX1F-8P – pathologist’s report does not contain the listed elements

Performance Measure:  $\frac{XXX1F}{XXX2F}$

Reporting Measure:  $\frac{XXX1F + XXX1F-8P}{XXX2F}$

**Q. Electronic Health Record System (TBD)**

**R. Paper Medical Record (TBD)**

## Immunohistochemical (IHC) Evaluation for Breast Cancer Patients

Measure #7 – quantitative HER2 evaluation by IHC uses the system recommended by the ASCO/CAP guidelines

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether quantitative evaluation of HER2 by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer

### Clinical Performance Measure

**Numerator:**

All cases of quantitative breast tumor HER2 evaluation by IHC that use the ASCO/CAP recommended manual system or a computer-assisted system consistent with the ASCO/CAP guidelines

**Denominator:**

All patients requiring quantitative breast tumor evaluation by HER2 IHC defined by CPT codes 88360 or 88361 plus ICD-9 codes for Breast cancer

*(88360-quantitative tumor immunohistochemistry, manual; 88361-quantitative tumor immunohistochemistry, computer-assisted)*

**Denominator Exclusions:**

Medical exclusion – All cases of non-HER2 IHC quantitative evaluation (e.g. ER/PR Testing)

Measure: Percentage of quantitative breast tumor HER2 evaluation by IHC using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the ASCO/CAP guidelines

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

“Positive HER2 test. – Based on a literature review of clinical trials, international studies and protocols, expert consensus, and US Food and Drug Administration Panel findings, a positive HER2 test is defined as either ... uniform intense membrane staining of >30% of invasive tumor cells... or FISH result of amplified *HER2* gene copy number (average of > six gene copies/nucleus for test systems without internal control probe) or *HER2*/CEP 17 ratio of more than 2.2, where CEP 17 is a centromeric probe for chromosome 17 on which the *HER2* gene resides. The 30% [criterion] for a positive IHC is further discussed in Appendix G.”<sup>26</sup>

From Appendix G:

“For IHC assays of HER2 protein expression, the original US Food and Drug Administration-approved interpretation guidelines provide insufficient specificity. Several experts, including those serving as central

<sup>26</sup> Wolff, A.C., et al. American Society of Clinical Oncology/College of American Pathologists Guideline Recommendations for Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer. *Arch Pathol Lab Med.* 2007;131:18-43

reviewers on clinical trials, have specified that a threshold of more than 30% of tumor (rather than the originally specified 10%) should show strong circumferential membrane staining for a positive result. This means that according to this guideline, strong circumferential staining of 30% or less of cells would be considered equivocal and be subjected to confirmatory FISH testing."<sup>27</sup>

**Rationale for the measure:**

Through a cooperative effort with the American Society of Clinical Oncologists (ASCO) and the CAP, new guidelines for Human Epidermal Growth Factor 2 testing in breast cancer were published in January 2007.

The ASCO/CAP Guideline recommendations for quantitative HER2 IHC evaluation were designed to enhance concordance with FISH assays for HER2 Amplified and Non-amplified tumor status. The recommendations are different from those provided by HER2 antibody manufacturers and compliance is likely to considerably less than 100%. Implementation of Guideline scoring would promote uniformity and quality among interpreting pathologists.

**Data capture and calculations:**

**Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Reports on evaluation of breast tumor HER2 expression by quantitative IHC using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the ASCO/CAP guidelines

**Denominator (PD) Includes:**

- All patients requiring breast tumor evaluation by quantitative HER2 IHC

**Denominator Exclusions (C) Include:**

- Medical exclusion – All cases of non-HER2 quantitative IHC evaluation (e.g. ER/PR Testing)

---

<sup>27</sup> Ibid.

Measure Specifications – *Measure #7*: Quantitative HER2 evaluation by immunohistochemistry (IHC) uses the ASCO/CAP recommended system

S. Administrative claims data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

Denominator (Eligible Population): All patients requiring breast tumor evaluation by quantitative HER2 IHC

- ICD-9 diagnosis codes for breast cancer: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.7, 174.8, 174.9, 175.0, 175.9

AND

- CPT codes: Quantitative IHC Evaluation – 88360 or 88361

Denominator Exclusion: Medical exclusion - All cases of non-HER2 quantitative IHC evaluation (e.g. ER/PR Testing)

- CPT Category II code: XXX1F-1P

Numerator: All cases of quantitative breast tumor HER2 evaluation by IHC that use the ASCO/CAP recommended manual system or a computer-assisted system consistent with the guidelines

- Report one of the following CPT Category II codes (in development) to confirm the use of the recommended scoring system:
  - XXX1F – pathologist-evaluated quantitative HER2 IHC report uses the ASCO/CAP recommended manual system or a computer-assisted system consistent with the ASCO/CAP guidelines
  - XXX1F-8P – pathologist-interpreted quantitative HER2 IHC report does not use the ASCO/CAP recommended manual system or a computer-assisted system consistent with the ASCO/CAP guidelines

Performance Measure: XXX1F  
Claims identified by CPT code 88360 or 88361 and breast cancer ICD- 9 codes – XXX1F-1P

Reporting Measure: XXX1F + XXX1F- 1P + XXX1F- 8P  
Claims identified by CPT code 88360 or 88361 and breast cancer ICD- 9 codes

T. Electronic Health Record System (*TBD*)

## Molecular Pathology: Quantitative *BCR/ABL1* Transcript Level Reporting

Measure #8 – All reports should include a comment relating any positive quantitative *BCR/ABL1* transcript test result for patients with chronic myelogenous leukemia (CML) to the laboratory's baseline median for patients with untreated disease.

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether a detectable quantitative *BCR/ABL1* transcript test result for patients with chronic myelogenous leukemia was related to the laboratory's baseline median for patients with untreated disease.

Clinical Performance Measure
<p><b>Numerator:</b> All reports of positive quantitative <i>BCR/ABL1</i> transcript measurements which include a comment relating the result to the laboratory's baseline median</p> <p><b>Denominator:</b> All patient samples submitted for quantitative <i>BCR/ABL1</i> transcript measurement which yield a positive result</p> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"><li>• Samples with negative quantitative <i>BCR/ABL1</i> transcript tests.</li></ul> <p>Measure: Percentage of reports of positive quantitative <i>BCR/ABL1</i> transcript measurements that include a comment relating the result to the laboratory's baseline median</p>
<p>The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:</p> <p>"The standardized baseline was calculated by measuring the level of <i>BCR/ABL/BCR</i> in 30 patients with chronic-phase CML from blood collected before any treatment was started."<sup>28</sup></p> <p>"We propose that the international scale should be anchored to 2 values that have already been defined. The standardized "baseline", as established in the IRIS trial, is taken to represent 100% on the international scale and a 3-log reduction from the standardized baseline (MMR-Major Molecular Response) is fixed at 0.10%."<sup>29</sup></p> <p>Investigators at the Bethesda CML meeting held in October 2005 proposed a new international scale (IS) for <i>BCR/ABL</i> RQ-PCR measurements which is anchored to two key levels used in the IRIS study, namely a standardized baseline defined as 100% <i>BCR/ABL</i><sup>IS</sup>, and major molecular response (3 log reduction relative to the standardised baseline) defined as 0.1% <i>BCR/ABL</i><sup>IS</sup>.<sup>30</sup></p>

<sup>28</sup> Hughes, T., et al. *Blood* 2006; 108:28-37.

<sup>29</sup> Ibid.

<sup>30</sup> Cross, N.C.P. et al. *Leukemia Research* 32 (2008) 505.

#### Rationale for the measure:

A consensus meeting held in Bethesda in 2005 and summarized in the references by Hughes and Cross established the rationale for this measure.

Serial assessment of quantitative *BCR/ABL1* transcript measurements is an important measure of patient responsiveness to therapy. Literature defines “Clinical Response” as a 2 log reduction from a laboratory-determined baseline average from patients with full blown disease, and “major Molecular Response” as a 3 log, or greater, reduction from baseline. Adherence to this standard is likely below 100%. Promotion of standard would enhance uniformity of quantitative *BCR/ABL1* test interpretation and usage in patient management.

#### Data capture and calculations:

##### Calculation for Performance

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

##### Numerator (A) Includes:

- Reports with positive quantitative *BCR/ABL1* transcript measurements that include a comment relating the result to the laboratory’s baseline median

##### Denominator (PD) Includes:

- All samples submitted for quantitative *BCR/ABL1* transcript measurement which yield a positive result.

##### Denominator Exclusions (C) Include:

- Samples with negative quantitative *BCR/ABL1* transcript tests.

**Measure Specifications – Measure #8:** All reports of positive quantitative *BCR/ABL1* transcript measurements should include a comment relating the result to the laboratory’s baseline median for patient’s with untreated disease.

**U. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** All samples with positive quantitative *BCR/ABL1* transcript test result

- ICD-9 diagnosis codes for chronic myelogenous leukemia: 205.1

AND

- CPT codes: 83912

AND

- Quantitative *BCR/ABL1* transcript measurements indicated by CPT Category II code: XXX2F

**Denominator Exclusion:** Medical exclusion –Samples with negative quantitative *BCR/ABL1* transcript tests

- CPT Category II code: XXX1F-1P

**Numerator:** All reports of quantitative *BCR/ABL1* transcript measurements that include a comment relating the result to the laboratory’s baseline median

- Report one of the following CPT Category II codes (in development) to confirm the inclusion laboratory’s baseline median:
  - XXX1F – pathologist-positive quantitative *BCR/ABL1* transcript measurement includes a comment relating the result to the laboratory’s baseline median
  - XXX1F-8P – pathologist-positive quantitative *BCR/ABL1* transcript measurement does not include a comment relating the result to the laboratory’s baseline median

Performance Measure:  $\frac{XXX1F}{XXX2F - XXX1F-1P}$

Reporting Measure:  $\frac{XXX1F + XXX1F- 1P + XXX1F- 8P}{XXX2F}$

## Bone Marrow and FNA/Direct Specimen Acquisition by Pathologists

### Measure #9: Bone Marrow and Fine Needle Aspiration (FNA)/Direct Specimen Acquisition timeout procedure

This measure may be used as an Accountability measure

**Measure Description:** This is a physician-specific measure based on whether the pathologist followed and documented a fine needle aspiration (FNA) timeout procedure to verify correct patient/ correct procedure.

#### Clinical Performance Measure

**Numerator:**

The timeout procedure to verify correct patient/ correct procedure is documented in the pathology report or in the medical record or through a patient consent form.

**Denominator:**

Pathologist-acquired specimens by fine needle aspiration (FNA) or from bone marrow

**Denominator Exclusions:** None

Measure: Percentage pathologists-acquired specimens by fine needle aspiration (FNA) or from bone marrow that document the proper timeout procedure to verify correct patient/ correct procedure

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Universal Protocol<sup>31</sup>

*"Time out" immediately before starting the procedure*

Must be conducted in the location where the procedure will be done, just before starting the procedure. It must involve the entire operative team, use active communication, be briefly documented, such as in a checklist (the organization should determine the type and amount of documentation) and must, at the least, include:

- Correct patient identity.
- Correct side and site.
- Agreement on the procedure to be done.
- Correct patient position.
- Availability of correct implants and any special equipment or special requirements.

<sup>31</sup> <http://www.jointcommission.org/PatientSafety/UniversalProtocol/>

The organization should have processes and systems in place for reconciling differences in staff responses during the “time out.”

**Rationale for the measure:**

See Tambouret, Rosemary H. PAP/NGC Programs Review. CAP Today, November 2007

See *CytoJournal* 2007, 4:19 doi:10.1186/1742-6413-4-19

**Data capture and calculations:**

**Calculation for Performance**

For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

**Numerator (A) Includes:**

- Patients whose FNA reports, medical records, or patient consent forms include documentation of the proper timeout procedure to verify correct patient/ correct procedure

**Denominator (PD) Includes:**

- Pathologists acquired specimens by fine needle aspiration (FNA)

**Denominator Exclusions (C) Include:**

- None

**Measure Specifications** – Measure #9: Pathologists acquired specimens by fine needle aspiration (FNA) that document the proper timeout procedure to verify correct patient/ correct procedure  
Measure specifications will be provided for multiple data sources.

**V. Administrative claims data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

**Denominator (Eligible Population):** Pathologist acquired specimens by fine needle aspiration (FNA) or of bone marrow

➤ **E/M codes:**

- 99241, 99242, 99243, and 99244 for outpatients
- 99251, 99252, 99253, and 99254 for inpatients

(AND/OR)

- 10021, 10022, FNA procedures
- 38220, 38221, bone marrow aspiration

➤ **Report one of the following CPT Category II codes (in development) to confirm the specimen acquisition was done by the pathologist:**

- XXX2F – Bone marrow or fine needle aspiration by the pathologist

**Denominator Exclusion:** None

**Numerator:** Patients whose FNA report, medical records, or consent form include documentation of the proper timeout procedure to verify correct patient/ correct procedure

➤ **Report the CPT Category II code (in development) designated for this numerator:**  
XXX1F

- XXX1F – FNA reports include documentation of the proper timeout procedure to verify correct patient/ correct procedure in the pathology report, in the medical record or through a patient consent form
- XXX1F-8P – FNA reports does not include documentation of the proper timeout procedure to verify correct patient/ correct procedure

Performance Measure:      XXX1F  
  XXX2F

Reporting Measure:         XXX1F + XXX1F- 8P  
  XXX2F