

Quality ID #440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician

2025 COLLECTION TYPE: MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE: Process – High Priority

DESCRIPTION:
Percentage of biopsies with a diagnosis of cutaneous basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), or melanoma (including in situ disease) in which the pathologist communicates results to the clinician within 7 days from the time when the tissue specimen was received by the pathologist.

INSTRUCTIONS:
This measure is to be submitted each time a biopsy is performed during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians providing the pathology services for procedures will submit this measure.

NOTE: *To be eligible for this measure, the denominator must be met during the measurement period of 01/01/2025 to 12/24/2025. This is to provide sufficient time for the pathology results to be received by the biopsying clinician and for the performance of the numerator to be met within the performance period.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All pathology reports generated by the Pathologist/Dermatopathologist consistent with cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease)

Denominator Criteria (Eligible Cases):

Diagnosis for cutaneous basal carcinoma or squamous cell carcinoma (ICD-10-CM): C44.01, C44.02, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.41, C44.42, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.81, C44.82, C44.91, C44.92, D00.01, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9

OR

Diagnosis for melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9

OR

Other malignant diagnosis (ICD-10-CM): C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C44.90, C44.99, C46.0, C46.1, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9

AND

Patient procedure during the performance period (CPT): 88304, 88305

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

AND NOT

DENOMINATOR EXCLUSIONS:

Pathologists/Dermatopathologists providing a second opinion on a biopsy: G9784

OR

Pathologists/Dermatopathologists is the same clinician who performed the biopsy: G9939

NUMERATOR:

Number of final pathology reports diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma or melanoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist

Numerator Instructions:

Requirements for calculating the numerator include the following documentation in the Pathologist/Dermatopathologist's tracking system:

- Date tissue specimen received
- Date pathology report was sent to the biopsying clinician

Numerator Options:

Performance Met:

Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist (**G9785**)

OR

Denominator Exception:

Pathology report for tissue specimens produced from wide local excisions or re-excisions (**M1166**)

OR

Performance Not Met:

Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist (**G9786**)

RATIONALE:

Effective communication through the biopsy report between pathologist and referring physician is essential; as delay may directly affect patient care. Furthermore, lack of timely delivery of results can increase the cost of medical care, error and the anxiety the patient experiences in waiting for results. This measure seeks to ensure timely communication and effective treatment for the patient.

CLINICAL RECOMMENDATION STATEMENTS:

"[Pathology] reports should be issued in a timely manner. Failure to report results promptly may delay patient care (thus uselessly adding to the cost of medical care), [and] lead to error and confusion..." (Holland Frei Cancer Medicine Vol. 8, 2010)

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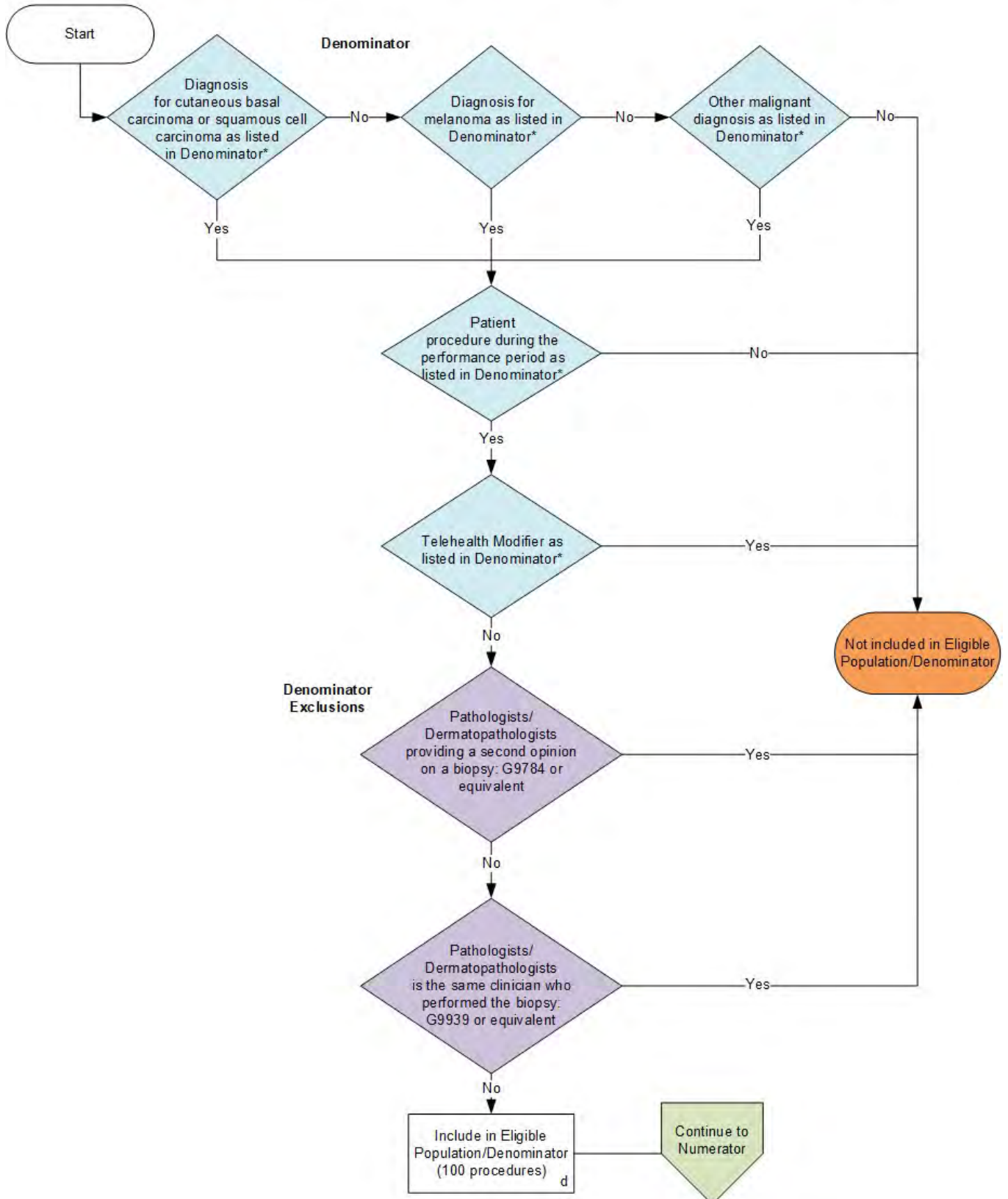
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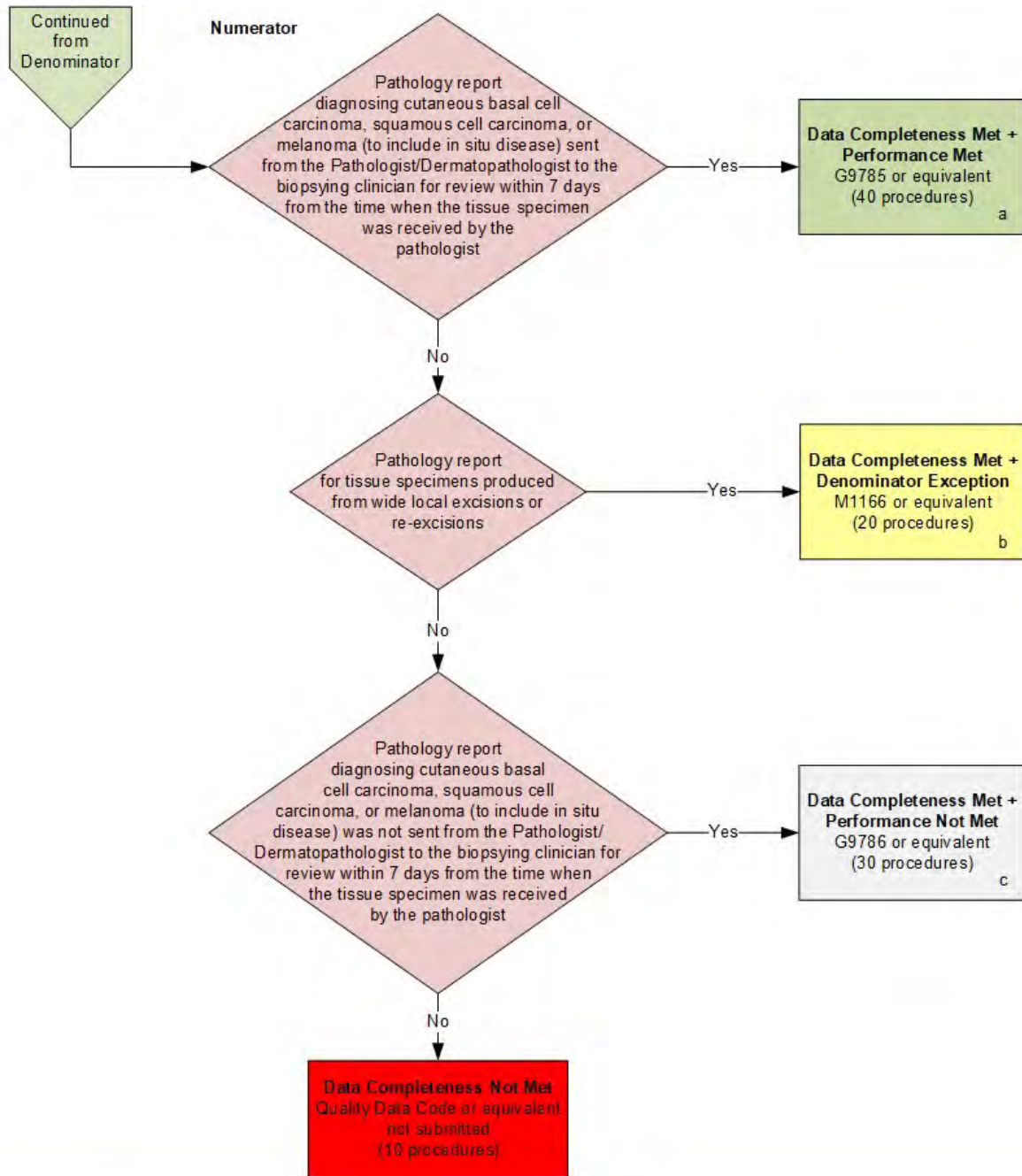
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2025 Clinical Quality Measure Flow for Quality ID #440: Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician

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





SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exceptions (b=20 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=100 procedures)}} = \frac{90 \text{ procedures}}{100 \text{ procedures}} = 90.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (90 procedures) - Denominator Exceptions (b=20 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

* See the posted measure specification for specific coding and instructions to submit this measure.
 NOTE: Submission Frequency: Procedure

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2025 Clinical Quality Measure Flow Narrative for Quality ID #440:
Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician

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

1. Start with Denominator
2. Check *Diagnosis for cutaneous basal carcinoma or squamous cell carcinoma as listed in Denominator**:
 - a. If *Diagnosis for cutaneous basal carcinoma or squamous cell carcinoma as listed in Denominator** equals No, proceed to check *Diagnosis for melanoma as listed in Denominator**.
 - b. If *Diagnosis for cutaneous basal carcinoma or squamous cell carcinoma as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
3. Check *Diagnosis for melanoma as listed in Denominator**:
 - a. If *Diagnosis for melanoma as listed in Denominator** equals No, proceed to check *Other malignant diagnosis as listed in Denominator**.
 - b. If *Diagnosis for melanoma as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
4. Check *Other malignant diagnosis as listed in Denominator**:
 - a. If *Other malignant diagnosis as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Other malignant diagnosis as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
5. 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, proceed to check *Telehealth Modifier as listed in Denominator**.
6. Check *Telehealth Modifier as listed in Denominator**:
 - a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Telehealth Modifier as listed in Denominator** equals No, proceed to check *Pathologists/Dermatopathologists providing a second opinion on a biopsy*.
7. Check *Pathologists/Dermatopathologists providing a second opinion on a biopsy*:
 - a. If *Pathologists/Dermatopathologists providing a second opinion on a biopsy* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Pathologists/Dermatopathologists providing a second opinion on a biopsy* equals No, proceed to check *Pathologists/Dermatopathologists is the same clinician who performed the biopsy*.
8. Check *Pathologists/Dermatopathologists is the same clinician who performed the biopsy*:

- a. If *Pathologists/Dermatopathologists is the same clinician who performed the biopsy* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Pathologists/Dermatopathologists is the same clinician who performed the biopsy* equals No, include in *Eligible Population/Denominator*.
9. 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 100 procedures in the Sample Calculation.
10. Start Numerator
11. Check *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist*:
- a. If *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
 - b. If *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist* equals No, proceed to check *Pathology report for tissue specimens produced from wide local excisions or re-excisions*.
12. Check *Pathology report for tissue specimens produced from wide local excisions or re-excisions*:
- a. If *Pathology report for tissue specimens produced from wide local excisions or re-excisions* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* is represented as Denominator Exceptions in the Sample Calculation listed at the end of this document. Letter b equals 20 procedures in the Sample Calculation.
 - b. If *Pathology report for tissue specimens produced from wide local excisions or re-excisions* equals No, proceed to check *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) was not sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist*.
13. Check *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) was not sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist*:
- a. If *Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) was not sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.*
- b. *If Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, melanoma (to include in situ disease) was not sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist equals No, proceed to check Data Completeness Not Met.*

14. 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.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exceptions (b equals 20 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population/Denominator (d equals 100 procedures). All equals 90 procedures divided by 100 procedures. All equals 90.00 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (90 procedures) minus Denominator Exceptions (b equals 20 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

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

NOTE: Submission Frequency: Procedure

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