

Measure 265: Biopsy Follow-Up

Reporting Options: Registry only

Quality Domain: Communication and Care Coordination

Description: Percentage of patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician

Instructions: This measure is to be reported once per reporting period for patients who are seen for an office visit and have a biopsy performed during the reporting period. This measure may be reported by 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 reporting period, it is recommended that the eligible professional performing the biopsy communicates the results to the primary care/referring physician and patient each time a biopsy is done.

CPT Codes: 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, 39400, 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, 47561, 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, 89290, 89291, 93505

AND

Patient encounter during the reporting period: 99201, 99202, 99203, 99204, 99205

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

Numerator 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

Category II Codes:

G8883 Biopsy results reviewed, communicated, tracked, and documented

or

G8884 Documentation of Patient OR System Reason(s) for not Performing up to Three of the Four Components of the Numerator Instructions: Reviewing, Communicating, Tracking, and/or Documenting Biopsy Results, Patient not Eligible (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)

Clinician documented reason that patient's biopsy results were not reviewed

or

G8885 Biopsy Results not reviewed, not communicated to the patient and the patient's primary care/referring physician, communication not tracked in a log, and/or tracking process not documented in the patient's medical record.

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.