

## 2023 Value-Based Reimbursement Measurement Specifications General Thoracic Surgery

### 2023 Value-Based Reimbursement Measure #1: Invasive Mediastinal Staging

#### Description

Percentage of patients with clinical stage IB or greater undergoing lobectomy, segmentectomy or pneumonectomy for new primary lung cancer who receive invasive mediastinal staging.

#### Rationale

National Comprehensive Cancer Network (NCCN) Guidelines Version 5.2022 lists pretreatment evaluation of mediastinal lymph nodes via mediastinoscopy, EBUS, EUS, and CT-guided biopsy as standard practice for proper treatment and plan of care.<sup>1</sup>

#### Measurement Time Period

January 1, 2023 – September 30, 2023

#### Inclusion Criteria

All patients with clinical stage IB or greater undergoing lobectomy, segmentectomy and/or pneumonectomy for new primary lung cancer.

#### CPT Codes included:

32440 Removal of lung, total pneumonectomy  
32442 Removal of lung, sleeve (carinal) pneumonectomy  
32480 Removal of lung, single lobe (lobectomy)  
32482 Removal of lung, two lobes (bilobectomy)  
32484 Removal of lung, single segment (segmentectomy)  
32486 Removal of lung, sleeve lobectomy  
32488 Removal of lung, completion pneumonectomy  
32663 Thoracoscopy, surgical; with lobectomy  
32669 Thoracoscopy with removal of a single lung segment (segmentectomy)  
32670 Thoracoscopy with removal of two lobes (bilobectomy)  
32671 Thoracoscopy with removal of lung (pneumonectomy)

#### Exclusion Criteria

- Clinically Staged T1, N0, M0

#### Variables used in Numerator

- Invasive mediastinal staging (#1620)

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## 2023 Value-Based Reimbursement (VBR) Measure Specifications

### 2023 Value-Based Reimbursement Measure #2: Pathologic staging

#### Description

Percentage of patients with pathologic sampling of at least 3 mediastinal and 1 hilar lymph node stations at the time of lung cancer resection.

#### Rationale

The Commission on Cancer Operative Standard 5.8 aim is to attain sampling of at least 3 mediastinal and 1 hilar lymph node station for any primary pulmonary resection with curative intent.<sup>2</sup>

#### Measurement Time Period

January 1, 2023 – September 30, 2023

#### Inclusion Criteria

All lobectomy, segmentectomy and/or pneumonectomy for new primary lung cancer.

#### CPT Codes included:

32440 Removal of lung, total pneumonectomy  
32442 Removal of lung, sleeve (carinal) pneumonectomy  
32480 Removal of lung, single lobe (lobectomy)  
32482 Removal of lung, two lobes (bilobectomy)  
32484 Removal of lung, single segment (segmentectomy)  
32486 Removal of lung, sleeve lobectomy  
32488 Removal of lung, completion pneumonectomy  
32663 Thoracoscopy, surgical; with lobectomy  
32669 Thoracoscopy with removal of a single lung segment (segmentectomy)  
32670 Thoracoscopy with removal of two lobes (bilobectomy)  
32671 Thoracoscopy with removal of lung (pneumonectomy)

#### Exclusion Criteria

- Cases missing Seq# 1880

#### Variables used in Numerator

- Lung CA Nodes Assessed (#1880)

Mediastinal Lymph Node Stations	Hilar Lymph Node Stations
NS2 (#1900)	NS10 (#1980)
NS3 (#1910)	NS11 (#1990)
NS4 (#1920)	NS12_14 (#2000)
NS5 (#1930)	
NS6 (#1940)	
NS7 (#1950)	
NS8 (#1960)	
NS9 (#1970)	

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## 2023 Value-Based Reimbursement (VBR) Measure Specifications

### 2023 Value-Based Reimbursement Measure #3: Time from diagnosis to lung cancer resection

#### Description

Percentage of lung cancer resection patients with a date of CT and date of surgeon consult recorded.

#### Rationale

Studies suggest delays from radiographic diagnosis to surgery are associated with increased risk of recurrence and worse overall survival and emphasize a need to decrease wait times to improve management and prognosis of lung cancer.<sup>3,4</sup>

#### Measurement Time Period

January 1, 2023 – September 30, 2023

#### Inclusion Criteria

All lobectomy, segmentectomy, pneumonectomy, and therapeutic wedge resections.

#### CPT Codes included:

32440 Removal of lung, total pneumonectomy  
32442 Removal of lung, sleeve (carinal) pneumonectomy  
32480 Removal of lung, single lobe (lobectomy)  
32482 Removal of lung, two lobes (bilobectomy)  
32484 Removal of lung, single segment (segmentectomy)  
32486 Removal of lung, sleeve lobectomy  
32488 Removal of lung, completion pneumonectomy  
32505 Thoracotomy with therapeutic wedge resection (eg mass nodule) initial  
32663 Thoracoscopy, surgical; with lobectomy  
32666 Thoracoscopy with therapeutic wedge resection (eg mass or nodule) initial, unilateral  
32669 Thoracoscopy with removal of a single lung segment (segmentectomy)  
32671 Thoracoscopy with removal of two lobes (bilobectomy)  
32670 Thoracoscopy with removal of lung (pneumonectomy)

#### Exclusion Criteria

- Emergent cases

#### Variables used in Numerator

Custom date submitted to MSTCVS QC

- Date of CT of concern (leading to surgeon consult)
- Date of surgeon consultation for surgery

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## 2023 Value-Based Reimbursement (VBR) Measure Specifications

### 2023 Value-Based Reimbursement Measure: Tobacco Cessation Measure

#### Description

Percentage of general thoracic surgery patients who are documented as current tobacco smokers and receive smoking cessation treatment and/or counseling.

#### Rationale

Tobacco use is the single greatest preventable cause of disease and premature death in America today.<sup>5</sup> In addition, smoking is an established perioperative risk factor impacting up to 25% of surgical patients.<sup>6</sup> According to the Centers for Disease Control (CDC), 70% of smokers report they would like to quit however, only 15% of smokers in Michigan receive smoking cessation treatment.<sup>7,8</sup> Making every contact count (MECC) is an approach to behavior change that is clinically proven to help patients quit smoking and results in better health outcomes.<sup>9</sup>

#### Measurement Time Period

January 1, 2023 – September 30, 2023

#### Inclusion Criteria

All lobectomy, segmentectomy, pneumonectomy, and therapeutic wedge resections.

- Current Smokers (#800)

#### CPT Codes included:

32440 Removal of lung, total pneumonectomy  
32442 Removal of lung, sleeve (carinal) pneumonectomy  
32480 Removal of lung, single lobe (lobectomy)  
32482 Removal of lung, two lobes (bilobectomy)  
32484 Removal of lung, single segment (segmentectomy)  
32486 Removal of lung, sleeve lobectomy  
32488 Removal of lung, completion pneumonectomy  
32505 Thoracotomy with therapeutic wedge resection (eg mass nodule) initial  
32663 Thoracoscopy, surgical; with lobectomy  
32666 Thoracoscopy with therapeutic wedge resection (eg mass or nodule) initial, unilateral  
32669 Thoracoscopy with removal of a single lung segment (segmentectomy)  
32671 Thoracoscopy with removal of two lobes (bilobectomy)  
32670 Thoracoscopy with removal of lung (pneumonectomy)

#### Exclusion Criteria

- None

#### Variables used in Numerator

Submission of documentation that one of the following was provided to current smokers:

1. Pharmacologic cessation treatment
2. Referral to an inpatient or outpatient counselling program  
Referral to 1-800-Quit-Now

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative 2023 Value-Based Reimbursement (VBR) Measure Specifications

## REFERENCES

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