2024 Value-Based Reimbursement Measurement Specifications
General Thoracic Surgery

2024 Value-Based Reimbursement Measure #1: 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 aims to attain sampling of at least 3 mediastinal and 1 hilar lymph node station for any primary pulmonary resection with curative intent.¹

Measurement Time Period
January 1, 2024 – September 30, 2024

Inclusion Criteria
All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection 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
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)
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)

<table>
<thead>
<tr>
<th>Mediastinal Lymph Node Stations</th>
<th>Hilar Lymph Node Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS2 (#1900)</td>
<td>NS10 (#1980)</td>
</tr>
<tr>
<td>NS3 (#1910)</td>
<td>NS11 (#1990)</td>
</tr>
<tr>
<td>NS4 (#1920)</td>
<td>NS12_14 (#2000)</td>
</tr>
<tr>
<td>NS5 (#1930)</td>
<td></td>
</tr>
<tr>
<td>NS6 (#1940)</td>
<td></td>
</tr>
<tr>
<td>NS7 (#1950)</td>
<td></td>
</tr>
<tr>
<td>NS8 (#1960)</td>
<td></td>
</tr>
<tr>
<td>NS9 (#1970)</td>
<td></td>
</tr>
</tbody>
</table>

¹ Society of Thoracic Surgeons Thoracic Surgery Database version 5.2 sequence number in parenthesis if applicable.
2024 Value-Based Reimbursement Measure #2: Time from diagnosis to lung cancer resection

Description
Days from surgeon consult to date of surgery.

Rationale
Studies suggest delays 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.\textsuperscript{2,3}

Measurement Time Period
January 1, 2024 – September 30, 2024

Inclusion Criteria
All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection 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
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
\begin{itemize}
\item Emergent cases
\end{itemize}

Variables used in Numerator
\begin{itemize}
\item Date of surgery (#1310)
\end{itemize}

Custom date submitted to MSTCVS QC
\begin{itemize}
\item Date of surgeon consultation for surgery
\end{itemize}
2024 Value-Based Reimbursement Measure #3: Capture of postoperative referral to medical oncology for clinical stage IB-IIIA

**Description**
Capture of postoperative referral to medical oncology for overall clinical stage groups IB-IIIA (based on pathology report TNM staging) after lung cancer resection. The table included (Table 1) can be used to assist in determining overall clinical stage.

**Rationale**
The American Society of Clinical Oncology recommendations outline best practices for adjuvant therapies in post-surgical lung cancer patients based on clinical stage.*

**Measurement Time Period**
January 1, 2024 – September 30, 2024

**Inclusion Criteria**
All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection 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
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)
32670 Thoracoscopy with removal of two lobes (bilobectomy)
32671 Thoracoscopy with removal of lung (pneumonectomy)

**Exclusion Criteria:**
- **Sequence #650:** Patients who have undergone preoperative chemoradiation for same disease (any timeframe)
- **Sequence #4220:** Discharged to hospice or died in hospital

**Variables used in Numerator:**
Custom field submitted to MSTCVS QC

---

*Society of Thoracic Surgeons Thoracic Surgery Database version 5.2 sequence number in parenthesis if applicable.*
REFERENCES


