

Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative
2024 Value-Based Reimbursement (VBR) Measure Specifications

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 aim is 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)

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

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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.^{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

- Emergent cases

Variables used in Numerator

- Date of surgery (#1310)

Custom date submitted to MSTCVS QC

- Date of surgeon consultation for surgery

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2024 Value-Based Reimbursement Measure #3: Capture of postoperative referral to medical oncology for clinical stage IB-III A

Description

Capture of postoperative referral to medical oncology for overall clinical stage groups IB-III A (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.

Table 1

T/M	Subcategory	N0	N1	N2	N3
T1	T1a	IA1	IIB	IIIA	IIIB
	T1b	IA2	IIB	IIIA	IIIB
	T1c	IA3	IIB	IIIA	IIIB
T2	T2a	IB	IIB	IIIA	IIIB
	T2b	IIA	IIB	IIIA	IIIB
T3	T3	IIB	IIIA	IIIB	IIIC
T4	T4	IIIA	IIIA	IIIB	IIIC
M1	M1a	IVA	IVA	IVA	IVA
	M1b	IVA	IVA	IVA	IVA
	M1c	IVB	IVB	IVB	IVB

Rationale

The American Society of Clinical Oncology recommendations outline best practices for adjuvant therapies in post-surgical lung cancer patients based on clinical stage.⁴

Measurement Time Period

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Inclusion Criteria

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CPT Codes included:

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- 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

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REFERENCES

1. Commission on Cancer. (2020). Optimal Resources for Cancer Care: 2020 Standards. <https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/>
2. Heiden BT, Eaton DB, Engelhardt KE, et al. Analysis of Delayed Surgical Treatment and Oncologic Outcomes in Clinical Stage I Non–Small Cell Lung Cancer. *JAMA Netw Open*. 2021;4(5):e2111613
3. Guirado M, Fernández Martín E, Fernández Villar A, Navarro Martín A, Sánchez-Hernández A. Clinical impact of delays in the management of lung cancer patients in the last decade: systematic review. *Clin Transl Oncol*. 2022 Aug;24(8):1549-1568.
4. American Society of Clinical Oncology. (2023). Adjuvant Systemic Therapy and Radiation Therapy for Stage I-IIIa Completely Resected Non-Small-Cell Lung Cancer: ASCO Guideline Rapid Recommendation Update <https://ascopubs.org/doi/full/10/1200/JCO.22.00051>