

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

2025 Value-Based Reimbursement (VBR) Measure Specifications

## 2025 Value-Based Reimbursement Measurement Specifications

### General Thoracic Surgery

#### 2025 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.<sup>1</sup>

##### Measurement Time Period

January 1, 2025 – September 30, 2025

##### 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:** Primary Lung Cancer Resection Performed (#1510)

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)	

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### 2025 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.<sup>2,3</sup>

#### Measurement Time Period

January 1, 2025 – September 30, 2025

#### 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)  
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32484 Removal of lung, single segment (segmentectomy)  
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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

- **Sequence #1390:** Emergent or palliative cases
- **Sequence #800:** Current Smokers
- **Sequence #650:** Patients who have undergone preoperative chemoradiation for same disease (any timeframe)

#### Variables used in Numerator

- **Sequence #1310:** Date of surgery
- Custom date submitted to MSTCVS QC
- Date of surgeon consultation for surgery

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**2025 Value-Based Reimbursement Measure #3: Postoperative referral to medical oncology for stage IB-III A**

**Description**

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.<sup>4</sup>

**Measurement Time Period**

January 1, 2025 – September 30, 2025

**Inclusion Criteria**

All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection for new primary lung cancer. Postoperative discussion of case with medical oncology specialty must be documented or referral made post-operatively.

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

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## 2025 Value-Based Reimbursement (VBR) Measure Specifications

### 2025 Value-Based Reimbursement Measure #4: 15 or more lymph nodes sampled at time of esophagectomy for primary esophageal cancer

#### Description

Increase the percentage of patients with at least 15 lymph nodes sampled during esophagectomy for primary esophageal cancer resection.

#### Rationale

The National Comprehensive Cancer Network guidelines recommend at least 15 lymph nodes be examined after esophagectomy for cancer.<sup>5</sup>

#### Measurement Time Period

January 1, 2025 – September 30, 2025

#### Inclusion Criteria

All esophageal resections for new primary esophageal cancer regardless of induction therapy status.

#### CPT Codes included:

43107 Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagostomy

43108 Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction

43112 Three Incision -Total esophagectomy with thoracotomy; with cervical esophagostomy

43113 Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction

43116 Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis

43117 Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision

43118 Partial esophagectomy, w/ thoracotomy & separate abdominal incision w/ colon interposition or small intestine

43121 Partial esophagectomy, distal two-thirds, with thoracotomy only

43122 Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach

43123 Partial esophagectomy, thoracoabdominal with colon interposition or small intestine

43124 Total or partial esophagectomy, without reconstruction with cervical esophagostomy

43288 Minimally invasive three incision esophagectomy (McKeown)

43287 Minimally invasive esophagectomy, Ivor Lewis approach

43286 Minimally invasive esophagectomy, Abdominal and neck approach

#### Exclusion Criteria:

- **Sequence #1390:** Emergent or palliative cases

#### **Variables used in Numerator:**

- **Sequence #2460:** Total # of lymph nodes sampled/harvested.

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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>
5. *NCCN Guidelines Version 4.2024 Esophageal and Esophagogastric Junction Cancers*. National Comprehensive Cancer Network. (2024, July 30). [https://www.nccn.org/professionals/physician\\_gls/pdf/esophageal.pdf](https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf)