

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

2026 Value-Based Reimbursement (VBR) Measure Specifications

## 2026 Value-Based Reimbursement Measurement Specifications

### General Thoracic Surgery

#### 2026 Value-Based Reimbursement Measure #1: Pathologic staging

##### Description

Increase 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, 2026 – September 30, 2026

##### 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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## 2026 Value-Based Reimbursement (VBR) Measure Specifications

### 2026 Value-Based Reimbursement Measure #2: Time from surgeon consult to lung cancer resection

#### Description

Decrease 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, 2026 – September 30, 2026

#### Inclusion Criteria

Lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection for new primary lung cancer (clinical stage  $\leq$ T1N0).

#### 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 1390 (Status of Operation):** Emergent
- **Sequence 800:** Current Smokers
- **Sequences 676/677/685:** Patients who have undergone preoperative chemoradiation and/or immunotherapy for same disease (any timeframe)

#### Variables used in Numerator

- **Sequence 1310:** Date of surgery
- Date of surgeon consultation for surgery (custom field reported to MSTCVS QC)

# Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative

## 2026 Value-Based Reimbursement (VBR) Measure Specifications

### 2026 Value-Based Reimbursement Measure #3: Preoperative brain imaging

#### Description

Increase percentage of patients that receive brain imaging for patients with clinical stage II-IIIa non-small cell lung cancer.

#### Rationale

The National Comprehensive Cancer Network guidelines recommend brain imaging (brain MRI or head CT with contrast) for clinical stage II-IIIa non-small cell lung cancer patients.<sup>4</sup>

#### Measurement Time Period

January 1, 2026 – September 30, 2026

#### Inclusion Criteria

All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection for new primary lung cancer, clinical stage II-IIIa NSCLC (adenocarcinoma, squamous cell, or large cell histology types).

#### 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  
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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)  
32670 Thoracoscopy with removal of two lobes (bilobectomy)  
32671 Thoracoscopy with removal of lung (pneumonectomy)

#### Exclusion Criteria:

- **Sequence 1390 (Status of Operation):** Emergent

#### Variables used in Numerator:

- **Sequence 1620:** Brain CT and Brain MRI

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## 2026 Value-Based Reimbursement (VBR) Measure Specifications

### 2026 Value-Based Reimbursement Measure #4: Invasive mediastinal staging

#### Description

Increase percentage of invasive mediastinal staging for patients with clinical stage  $\geq$ T2N0, non-small cell lung cancer.

#### Rationale

The National Comprehensive Cancer Network guidelines recommend invasive mediastinal staging for non-small cell lung cancers clinically staged as T2N0 or greater.<sup>4</sup>

#### Measurement Time Period

January 1, 2026 – September 30, 2026

#### Inclusion Criteria

All lobectomy, segmentectomy, pneumonectomy and/or therapeutic wedge resection for new primary lung cancer, clinical stage  $\geq$ T2N0 NSCLC (adenocarcinoma, squamous cell, or large cell histology types).

#### 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 1390 (Status of Operation):** Emergent

#### Variables used in Numerator:

- **Sequence 1620:** Invasive Mediastinal Staging Performed

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## 2026 Value-Based Reimbursement (VBR) Measure Specifications

### 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. *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)