

AAD 14: Melanoma: Tracking and Evaluation of Recurrence
-- National Quality Strategy Domain: Effective Clinical Care

2024 COLLECTION TYPE:

QCDR MEASURE

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percentage of patients who had an excisional surgery for melanoma or melanoma in situ with initial AJCC staging of 0, I, or II, in the past 5 years in which the operating provider examines and/or diagnoses the patient for recurrence of melanoma.

High Priority Measure: Yes

Meaningful Measure Area: Preventive Care

Risk-Adjusted: No

Inverse Measure: No Criteria 1; Yes Criteria 2

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

Performance rate required for measure: 2nd Performance Rate

Care Setting: Outpatient Services

REPORTING OPTION 1: EVALUATION OF RECURRENCE

DENOMINATOR CRITERIA 1:

All patients that the provider has performed a type of excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II.

All patients that the provider has performed a type of excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II. Please note that some patients may have more than one qualifying excision during the past five years. Clinicians should identify ALL of a patient's qualifying excisions and evaluate those anatomical locations in the subsequent numerator steps.

Denominator Criteria (Eligible Cases):

Diagnosis of melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9

OR

Diagnosis of melanoma in situ (ICD-10-CM): D03.0, D03.10, D03.111, D03.112, D03.20, D03.121, D03.122, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9

AND

Excision (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

OR

Mohs surgery (CPT): 17311, 17312, 17313, 17314, 17315

AND

AJCC Staging: 0, I, II

NUMERATOR CRITERIA 1:

Documentation by the provider who performed the surgery that an exam for recurrence of melanoma was performed on the patient within the reporting period.

Patient procedure during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245

AND

Documentation of evaluation of recurrence by clinical exam

Definition(s):

- Documentation of evaluation of recurrence by a clinical exam – the evaluation of recurrence can be by the provider that performed the surgery or by another provider. The provider that performed the surgery needs to provide documentation that the exam was performed. This documentation can be in the chart notes, but ideally in the provider’s melanoma tracking log. Providers who have relocated or retired in the last 5-years are not eligible for this measure. If exam is unable to be performed, note the below in the medical record:
- Patient is deceased.
- Patient refusal of examination.
- Patient was lost to follow-up (documentation must include information that the provider was unable to reach the patient by phone, mail or secure electronic mail – at least one method must be documented).
- For purposes of this measure, recurrence is local recurrence of where the anatomical location(s) of the excised lesion or Mohs surgery occurred for ALL qualifying excisions identified in the denominator. Other locations should not be counted for this measure.
- Definition, per the NCCN Guideline, as the following:
 - "Marginal/persistent disease/true local recurrence" - most commonly seen in lentigo maligna-type melanoma due to subclinical extension or noncontiguous involvement
 - OR-
 - “Intralymphatic metastasis, which presents as a firm/dermal induration within or surrounding the scar and upstages a patient to at least stage III.”

Numerator Options Criteria 1:

Performance Met:

An exam for recurrence of melanoma was performed on the patient and documented by the provider who performed the excisional surgery.

OR

Performance Not Met:

An exam for recurrence of melanoma was not performed on the patient and/or was not documented by the provider who performed the excisional surgery.

REPORTING OPTION 2: TRACKING RECURRENCE (Inverse)

DENOMINATOR CRITERIA 2:

All patients that the provider has performed a type of excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II.

All patients that the provider has performed a type of excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II. Please note that some patients may have more than one qualifying excision during the past five years. Clinicians should identify ALL of a patient’s qualifying excisions and evaluate those anatomical locations in the subsequent numerator steps.

Denominator Criteria (Eligible Cases):

Patient procedure during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245

AND

Documentation of evaluation of recurrence by clinical exam

AND

Diagnosis of melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9

OR

Diagnosis of melanoma in situ (ICD-10-CM): D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9

AND

Excision (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

OR

Mohs surgery (CPT): 17311, 17312, 17313, 17314, 17315

AND

AJCC Staging: 0, I, II

NUMERATOR CRITERIA 2:

All patients that were diagnosed with a recurrent melanoma in the current reporting year

Numerator Criteria:

Documentation of recurrence and type (local, in transit, lymph node, systemic).

Numerator Instructions: Requirements for calculating the numerator include documentation of diagnosis of recurrence and recurrence type.

Diagnosis of melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9

OR

Diagnosis of melanoma in situ (ICD-10-CM): D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9

Definition(s): For purposes of this measure, recurrence is local recurrence of where the anatomical location(s) of the excised lesion or Mohs surgery occurred for ALL qualifying excisions identified in the denominator. Other locations should not be counted for this measure.

Definition, per the NCCN Guideline, as the following:

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- OR -
- "Intralymphatic metastasis, which presents as a firm/dermal induration within or surrounding the scar and upstages a patient to at least stage III."

Exclusion(s):

- Documentation that the patient is deceased.
- Documentation of patient refusal of examination.
- Documentation that the patient was lost to follow-up (documentation must include information that the provider was unable to reach the patient by phone, mail or secure electronic mail – at least one method must be documented).

Numerator Options Criteria 2:

Performance Met:

Patients diagnosed with recurrent melanoma

OR

Performance Not Met:

Patients not diagnosed with recurrent melanoma

RATIONALE:

Melanoma recurrence is an outcome that needs precise evaluation. This measure will allow for the development of a system in which melanomas can accurately be tracked so that we can truly understand the effectiveness of care. The literature describes a lack of a standard for follow-up, tracking, and evaluating melanoma in early-stage disease. This measure will evaluate the frequency of recurrence along with the type of recurrence (local, in transit, LN, systemic) that occurs after an excisional procedure.

It is also recognized that there may be a lack of communication between the excising provider and the provider who is following the patient longitudinally. This measure is also an initiative to drive a care-collaborative network that encourages communication about the recurrence status of melanoma patients.

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