

## **AAD 6: Skin Cancer: Biopsy Reporting Time – Clinician to Patient**

### **- National Quality Strategy Domain: Communication and Care Coordination**

#### **2021 COLLECTION TYPE:**

**QCDR MEASURE**

#### **MEASURE TYPE:**

Process – High Priority

#### **DESCRIPTION:**

Percentage of patients with skin biopsy specimens with a diagnosis of cutaneous basal or squamous cell carcinoma or melanoma (including in situ disease) or primary cutaneous malignancies who are notified of their final biopsy pathology findings within less than or equal to 14 days from the time the biopsy was performed.

High Priority Measure: Yes

Meaningful Measure Area: Transfer of Health Information and Interoperability

Risk-Adjusted: No

Inverse Measure: No

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

Number of performance rates required for measure: 1st Performance Rate

#### **INSTRUCTIONS:**

The following measure is to be reported for every biopsy performed during the reporting period that is consistent with a cutaneous basal or squamous cell carcinoma or melanoma (including in situ disease) or primary cutaneous malignancies. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

#### **Measure Reporting via Registry**

ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

#### **DENOMINATOR:**

The eligible population

#### **Denominator Criteria (Eligible Cases):**

**Ages** 18 and older at the start of the measurement period

#### **Patient with Diagnosis**

Diagnosis of basal cell carcinoma OR

Diagnosis of squamous cell carcinoma OR

Diagnosis of melanoma OR

Diagnosis of carcinoma of the skin in situ OR

Diagnosis of melanoma in situ OR

Diagnosis of primary cutaneous malignancies

**Event** Cutaneous biopsy/ biopsies that are performed during the measurement period

If a patient has more than one biopsy procedure date during the measurement period (separate procedures on separate days), a procedure-based record would be submitted for each separate date of procedure

**Diagnosis Codes for Identifying Patients with Basal Cell Carcinoma, Squamous Cell Carcinoma, Melanoma (including in-situ) or primary cutaneous malignancies:**

**Diagnosis for cutaneous basal carcinoma or squamous cell carcinoma (including in-situ) (ICD-10-CM):** C44.01, C44.02, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.41, C44.42, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.81, C44.82, C44.91, C44.92, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9

**OR**

**Diagnosis for melanoma (including in-situ) (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, D00.01, 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

**OR**

**Other malignant diagnosis (ICD-10-CM):** C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C44.90, C44.99, C46.0, C46.1, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9

**AND**

**Biopsies performed during the performance period (CPT):** 11102, 11103, 11104, 11105, 11106, 11107, 11755, 40490, 54100, 56605, 56606, 67810, 69100

**NUMERATOR:**

The number of patients in the denominator who are informed of their final biopsy pathology findings within less than or equal to 14 days from the time the biopsy was performed.

Acceptable communication methods include:

- Directly speaking with the patient or a person designated by the patient to discuss this lab result
- Documented telephone message or voice mail regarding the availability of lab result
- Mailer/fax sent to the patient indicating the availability of lab result or discussing the diagnosis itself
- Any HIPAA secure electronic communication with the patient discussing the diagnosis

**Exclusions:**

Pathology reports for tissue specimens produced from excision

**CPT Codes for Identifying Excisions:**

*\*\*CPT Codes for Excision for Malignant Lesions is defined as a full thickness (through the dermis) removal of a lesion including margins*

**Excisions performed during the performance period (CPT):** 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

**RATIONALE:**

The communication between pathologists and physicians about patient outcomes is fragmented. Effective communication through the biopsy report between the two practitioners is essential; as delay may directly affect patient care. Furthermore, lack of timely delivery can increase the cost of medical care, error and the anxiety the patient experiences in waiting for results. This measure seeks to standardize the amount of time it takes for the clinician to notify patients of the final biopsy results, to ensure timely communication and effective treatment for the patient.

**CLINICAL RECOMMENDATION STATEMENTS:**

This measure will assess the percentage of patients who are notified of their pathology findings within 14 after having a skin biopsy performed that has a diagnosis of cBCC, SCC, SCCis melanoma, melanoma in situ, or primary cutaneous malignancies. The higher the rate of performance indicates better quality of care.

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