Quality Innovation Center

2020 Documentation Tip Sheet

MIPS #138: Melanoma: Coordination of Care

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This

tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make the process as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

Measure 138: Melanoma: Coordination of Care

For all patients, document the following in your notes:

- New melanoma diagnosis ICD-10 code for diagnosis of melanoma
  - 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, 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
  - CPT code for patient encounter for outpatient setting or excision of malignant melanoma (11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 17311, 17313
- Treatment plan documented and includes:
  - diagnosis,
  - tumor thickness, and
  - plan for surgery or alternative care
- Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis
  - date the communication with the provider(s) was completed; and
  - how communicated (verbally, by letter, copy of treatment plan sent)

For more information, contact the American Academy of Dermatology:

WEBSITE: aad.org

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If treatment plan is not communicated with the provider(s), include if applicable:

- Patient does not have primary care/referring physician or if self-referred patient
- Patient requests plan not be communicated
- The treatment plan is not communication, reason not otherwise specified.

Additional Tips:

- Collect at ***each denominator eligible visit*** when the patient is diagnosed with a new occurrence of melanoma during an excision of malignant lesion or evaluated in an outpatient setting during the performance period ending November 30th.
- See measure specifications for additional codes that can assist in seamless measure mapping from your EHR to DataDerm, if applicable (e.g. 5050F).
- GQ, GT, 95, and POS 02 telehealth modifiers make cases ineligible.

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