

AAD 12: Melanoma: – Appropriate Surgical Margins
- National Quality Strategy Domain: Patient Safety

2025 COLLECTION TYPE:
QCDR MEASURE

MEASURE TYPE:
Intermediate Outcome – High Priority

DESCRIPTION:
Percentage of primary excisional surgeries for melanoma or melanoma in situ with Breslow depth and appropriate surgical margins per the National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology-Melanoma (NCCN Guideline).

High Priority Measure: Yes
Meaningful Measure Area: Management of Chronic Conditions
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
Care Setting: Outpatient Services

INSTRUCTIONS:
This measure is to be reported for every primary excisional surgery for melanoma or melanoma in situ performed during the reporting period. Clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding may report this measure.

To be eligible for this measure, the denominator criteria must be met during the performance period of 01/01/2025 to 12/31/2025–

DENOMINATOR:
All primary excisional surgeries for melanoma or melanoma in situ.

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, D03.121, 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 of malignant lesion (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

OR

Mohs surgery (CPT): 17311, 17313

Definition(s):

Primary excisional surgery – this term includes wide local excision, Mohs surgery, Modified Mohs surgery, and staged excisions for therapeutic purposes. The second surgery or second stage (when performing a staged excisional technique) performed on a melanoma in which a positive margin was found on the initial primary surgery necessitating the second surgery or second stage to be taken is an exclusion and is **not** a denominator eligible procedure.

Denominator exception(s):

- Patient is in a clinical trial that requires a smaller initial surgical margin
- Margins modified to accommodate individual anatomic or functional considerations on the face/ears per the NCCN guidelines

NUMERATOR:

The Breslow depth of the initial biopsy and the initial surgical margin used documented in the medical record is in compliance with the minimum margin recommended in the current NCCN guideline.

Numerator Instructions:

To satisfy the requirements of this measure, documentation of the Breslow depth of the initial biopsy and initial surgical margin used must be included in the operative note.

Definition(s):

Primary excisional surgery initial surgical margin - the size of the surgical margin employed for the first excisional surgery performed on a patient with melanoma or melanoma in situ regardless of excisional surgical technique.

For standard excisions, the surgical margin size is defined as the distance from the visible tumor to the excision margin. If a surgical margin was taken at the time of the biopsy, per the Guidelines of Care for the Management of Primary Cutaneous Melanoma, the initial surgical margin may be an addition of the biopsy margin and the excision margin.

- Ex: if a 2mm margin was taken at the time of biopsy, and the biopsy report states the margin was clear and the surgical excision added a 3mm margin, then the initial margin would be 5mm.

Initial surgical margin for Mohs/staged excision procedures - the size of the margin added on the surgical debulk and the size of the margin added on the first surgical layer.

- Ex: measuring from the margin of the visible tumor or the edge of the biopsy, if a 2mm margin was added to the central debulk and the surgical layer was 3mm around the entire lesion, the initial surgical margin would be 5mm.

For purposes of reporting this measure, the **minimum** requirements for margins are as follows, per the current NCCN guidelines:

- Malignant melanoma in situ (MMIS): $\geq 0.5\text{cm} - 1.0\text{cm}$ margin around the entire tumor
- Breslow depth of $\leq 1.0\text{ mm} = 1.0\text{ cm}$
- Breslow depth of $>1.0 -2.0\text{ mm}=1.0-2.0\text{ cm}$
- Breslow depth of $> 2.0-4.0\text{ mm}= 2\text{ cm}$
- Breslow depth of $> 4.0\text{ mm} = 2.0\text{ cm}$

Numerator Options:

Performance Met:

The Breslow depth of the initial biopsy and the initial surgical margin used is in compliance with the current NCCN Guideline and documented in the operative note.

OR

Denominator Exception:

Documentation that the patient is in a clinical trial that requires a smaller initial surgical margin or margins are modified to accommodate individual anatomic or functional considerations on the face/ears per the NCCN guidelines.

OR

Performance not Met:

The Breslow depth of the initial biopsy and the initial surgical margin used is not in compliance with the current NCCN Guideline or is not documented in the operative note.

RATIONALE:

Appropriate surgical margins for excisions for melanoma/melanoma in situ are based on initial Breslow depth and are important to reduce risk for local recurrence and progression to metastatic disease. Evidenced-based recommendations on the size of appropriate surgical margins are codified in the National Comprehensive Cancer Network Melanoma Clinical Guidelines. There is an evident gap in care on implementation in the guideline. Guidelines on surgical margins are not always implemented in practice.

Not excising the appropriate surgical margin has significant implications on recurrence of the melanoma. Data does suggest that there are valid reasons from straying from the NCCN guideline, which if documented may qualify as an exception, but generally, adherence is associated with better outcomes.

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