

★ AAD 4: Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Squamous Cell Carcinoma in Situ or Keratoacanthoma Type Squamous Cell Carcinoma 1 cm or Smaller on the Trunk – National Quality Strategy Domain: Efficiency and Cost Reduction

DESCRIPTION:

The percentage of immune-competent patients with pathologically-proven primary squamous carcinoma in situ (SCCis) lesions of any size on the trunk (chest, back, abdomen) or Keratoacanthoma type squamous cell carcinoma (SCC-KA) lesions 1 cm or smaller on the trunk (chest, back, abdomen) who are treated with Mohs surgery.

INSTRUCTIONS:

This measure is to be reported for every Mohs surgery performed during the reporting period that is consistent with a SCCis or SCC-KA 1cm or smaller on the trunk. It 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. This is an inverse measure and a lower score indicates higher quality care.

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):

Eligible Specialties Dermatology

Eligible Providers Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

Ages 18 and older at the start of the measurement period

Patient with Diagnosis

Diagnosis of squamous carcinoma in situ (SCCis) of any size on the trunk (chest, back or abdomen) OR
Diagnosis of Keratoacanthoma type squamous cell carcinoma (SCC- KA) lesions that are 1cm or smaller on the trunk (chest, back or abdomen)

NOTE: diagnosis codes not specific enough to indicate SCCis or SCC-KA. Additional diagnostic information will be provided (abstracted) to identify this measure denominator.

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 Guidance in Identifying Patients with Squamous Cell Carcinoma of the Trunk:

****Only for guidance; not specific enough to identify SCCis and SCC-KA lesions < 1 cm*

ICD-10 Codes	Code Description
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk

CPT Codes for Identifying Cutaneous Biopsies of the Trunk:

CPT Codes	Code Description
11102	Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single lesion
11103	Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), each separate/additional lesion
11104	Punch biopsy of skin, (including simple closure when performed), single lesion
11105	Punch biopsy of skin, (including simple closure when performed), each separate/additional lesion
11106	Incisional biopsy of skin (eg, wedge), (including simple closure when performed), single lesion
11107	Incisional biopsy of skin (eg, wedge), (including simple closure when performed), each separate/additional lesion

NUMERATOR:

Number of patients with pathologically-proven primary SCCis or SCC-KA lesions of the trunk treated by the provider utilizing Mohs surgery [CPT 17313]

Denominator Exclusions:

- Patients whose immune system is compromised by disease or active treatment of disease.

Examples of immunocompromised patients include but are not limited to HIV, organ transplant, hematologic malignancy, or pharmacologic immunosuppression.

- Patients who have a genetic syndrome that increases their risk for skin cancer due to decreased immune response or abnormalities in the skin cell cycle.

Examples of genetic syndromes include but are not limited to Basal Cell Nevus Syndrome, Muir Torre Syndrome, Xeroderma Pigmentosus, Li Fraumeni Syndrome, and Bazex Syndrome.

- Tumors in areas of previous radiation therapy.

Numerator Exclusion:

- Squamous cell carcinoma in situ (SCCis) tumors that have pathologically documented areas of dermal invasion, or dermal invasion is found on any stage if Mohs surgery is performed.

Examples of pathology report documentation for this exclusion include but are not limited to:

- *Pathology report states that it cannot exclude a deeper or more aggressive tumor histology for any reason other than because it is a partial biopsy sample*
- *Pathology report states that there is a collision tumor with another tumor that has a more aggressive histology*

Potential Benchmarks:

10% - There will be cases in which the use of Mohs Surgery is indicated based on unusual clinical presentation or pathological findings but not supported by the AUCs.

RATIONALE:

Mohs surgery is an effective and efficient treatment modality for non-melanoma skin cancer. The use of *en face* tissue processing with frozen histological sections during Mohs surgery enables complete examination and clearance of the tumor margins in a single day. Use of Mohs surgery has increased substantially over the past decade. Appropriate use criteria (AUC) have been developed to help guide the proper use of this surgical

skin cancer treatment and to ensure that Mohs surgery is not over-utilized for low-risk tumors. The AUC criteria indicate that Mohs surgery treatment of truncal (chest, back, abdomen) superficial type basal cell carcinomas in immunocompetent patients is an inappropriate use of this treatment modality. Moreover, the routine use of less expensive treatment modalities such as traditional surgical excision, curettage and electrodesiccation destruction, and imiquimod topical therapy for low-risk, superficial type squamous cell carcinoma on the trunk should result in savings for the healthcare system.

CLINICAL RECOMMENDATION STATEMENTS:

This measure will assess the percentage of immune-competent patients in which pathologically-proven primary SCCis lesions of any size on the trunk or SCC-KA lesions 1 cm or smaller on the trunk are treated with Mohs surgery. The lower the rate among dermatologists indicates better quality.

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