

**★ AAD 3: Basal Cell Carcinoma/Squamous Cell Carcinoma: Mohs Surgery for Superficial Basal Cell Carcinoma of the Trunk for Immune Competent Patients – National Quality Strategy Domain: Efficiency and Cost Reduction**

**DESCRIPTION:**

The percentage of immune-competent patients with pathologically-proven primary superficial basal cell carcinoma (BCC) lesions 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 superficial basal cell carcinoma of 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 cutaneous basal cell carcinoma of trunk (chest, back or abdomen)

**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 of the Trunk:**

| ICD-10 Codes | Code Description                                    |
|--------------|---|
| C44.511      | Basal cell carcinoma of skin of breast              |
| C44.519      | Basal 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 superficial BCC of the trunk treated by the provider utilizing Mohs surgery [CPT 17313]

**Denominator Exclusion:**

- 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.*

**Numerator Exclusion:**

- Tumors that have a pathologically documented mixed histology including a more aggressive histologic subtype, or a more aggressive tumor 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 basal 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 superficial BCC lesions on the trunk are treated with Mohs surgery. The lower the rate among dermatologists indicates better quality.

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