

Quality ID #397: Melanoma Reporting

– National Quality Strategy Domain: Communication and Care Coordination

– Meaningful Measure Area: Transfer of Health Information and Interoperability

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness, ulceration and mitotic rate

INSTRUCTIONS:

This measure is to be submitted **each time** a patient's pathology report addresses specimens with a diagnosis of malignant cutaneous melanoma; however, only one quality-data code (QDC) per date of service for a patient is required. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All melanoma pathology reports for primary malignant cutaneous melanoma

Denominator Instruction:

The intent of the measure is to only include pathology reports for primary malignant cutaneous melanoma that may be staged with the following components: pT category and a statement on thickness, ulceration and mitotic rate. Melanoma in situ cases do not meet the criteria for this denominator. In the instance a pathology report meets the denominator criteria, but represents a diagnosis of Melanoma in situ **G9430** should be utilized.

Denominator Criteria (Eligible Cases):

Patients ≥ 18 years of age on date of encounter

AND

Diagnosis for malignant cutaneous melanoma (ICD-10-CM): C43.0, 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

AND

Patient encounter during performance period (CPT): 88305

AND NOT

DENOMINATOR EXCLUSION:

Specimen site other than anatomic cutaneous location: G9430

NUMERATOR:

Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness, ulceration and mitotic rate

Numerator Options:***Performance Met:***

Pathology report includes the pT Category and a statement on thickness, ulceration and mitotic rate (G9428)

OR

Denominator Exception:

Documentation of medical reason(s) for not including pT Category and a statement on thickness, ulceration and mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons) (G9429)

OR

Performance Not Met:

Pathology report does not include the pT Category and a statement on thickness, ulceration and mitotic rate (G9431)

RATIONALE:

Research and the publication of new guidelines in 2017 indicate newer tumor characteristics for more precise staging, with implications for treatment outcomes. In 2017, the AJCC Melanoma Expert Panel introduced several important changes to the Tumor, Nodes, Metastasis (TNM) classification. The relevant change for this measure in the eighth edition AJCC Cancer Staging Manual include: 1) tumor thickness measurements to be recorded to the nearest 0.1 mm, not 0.01 mm; 2) definitions of T1a and T1b are revised (T1a, <0.8 mm without ulceration; T1b, 0.8-1.0 mm with or without ulceration or <0.8 mm with ulceration), with mitotic rate no longer a T category criterion. (Gershenwald et al.)

The new guidelines state: “As supported by this univariate analysis and previous reports, the mitotic rate is likely an important prognostic determinant when evaluated using its dynamic range across melanomas of all tumor thickness categories. Therefore, the AJCC Melanoma Expert Panel strongly recommends that mitotic rate be assessed and recorded for all primary melanomas, although it is not used for T1 staging in the eighth edition. The mitotic rate will likely be an important parameter for inclusion in the future development of prognostic models applicable to individual patients. Although it is not included in the T1 subcategory criteria, mitotic activity in T1 melanomas also has been associated with an increased risk of SLN metastasis.” (<http://onlinelibrary.wiley.com/doi/10.3322/caac.21409/pdf>)

The 2019 measure has been revised to conform with AJCC requirements and CAP Cancer Protocol recommendations that went into effect January 1, 2018.

Gershenwald, J. E., Scolyer, R. A., Hess, K. R., Sondak, V. K., Long, G. V., Ross, M. I., Lazar, A. J., Faries, M. B., Kirkwood, J. M., McArthur, G. A., Haydu, L. E., Eggermont, A. M. M., Flaherty, K. T., Balch, C. M., Thompson, J. F. and for members of the American Joint Committee on Cancer Melanoma Expert Panel and the International Melanoma Database and Discovery Platform (2017), Melanoma staging: Evidence-based changes in the American Joint Committee on Cancer eighth edition cancer staging manual. CA: A Cancer Journal for Clinicians, 67: 472–492 <http://onlinelibrary.wiley.com/doi/10.3322/caac.21409/full>

[Protocol for the Examination of Specimens From Patients With Melanoma of the Skin](#)

CLINICAL RECOMMENDATION STATEMENT:

In patients with localized melanoma (Stage I or II), Breslow tumor thickness and ulceration continue to be the most important characteristics of the primary tumor predicting outcome.

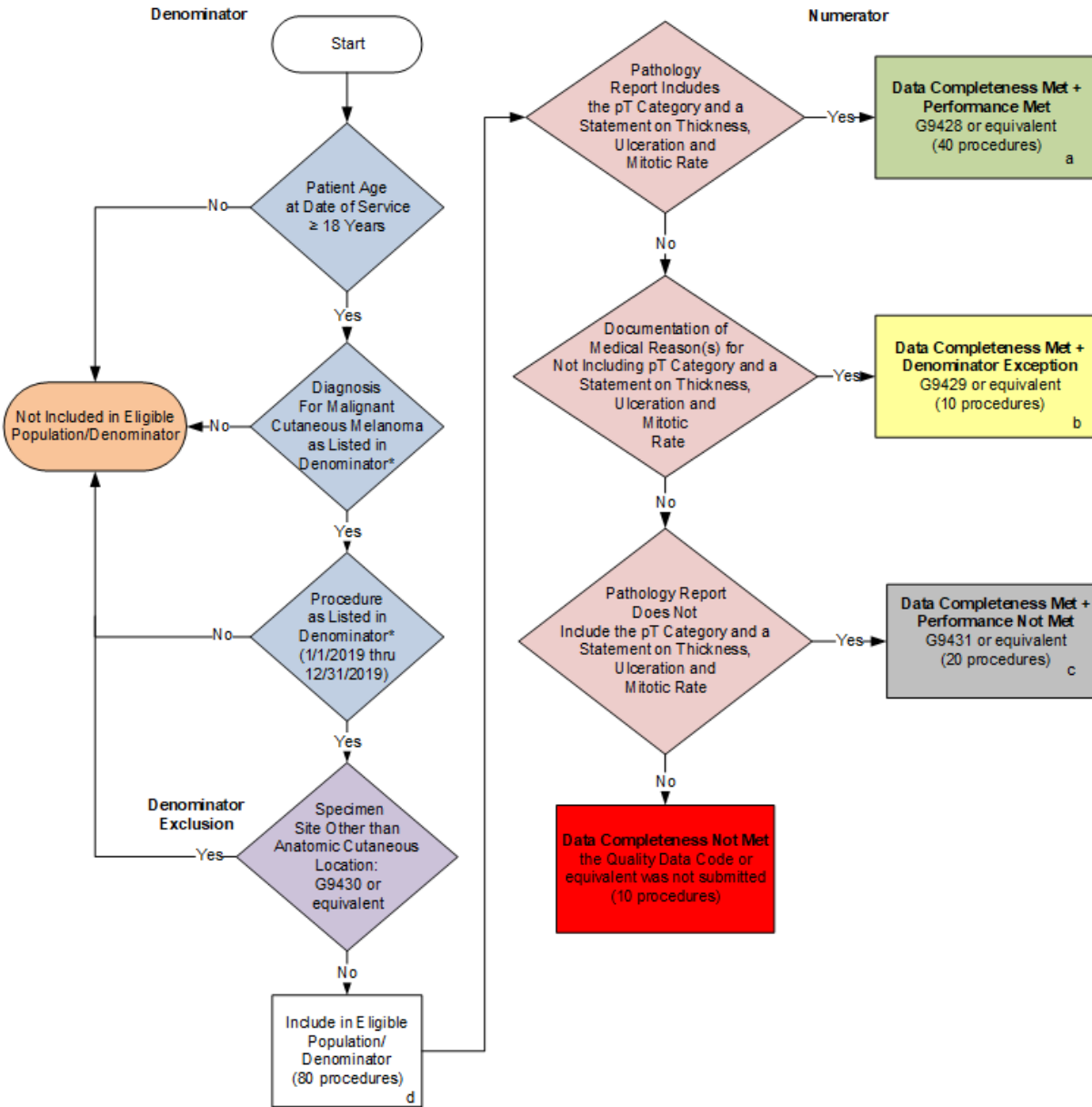
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2019 Clinical Quality Measure Flow for Quality ID #397: Melanoma Reporting



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = 70 \text{ procedures} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)} = 60 \text{ procedures}} = 40 \text{ procedures} = 66.67\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Procedure

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2019 Clinical Quality Measure Flow Narrative for Quality ID #397: Melanoma Reporting

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age at Date of Service is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age at Date of Service is greater than or equal to 18 Years equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis for Malignant Cutaneous Melanoma as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis for Malignant Cutaneous Melanoma as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
4. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, proceed to check Specimen Site Other than Anatomic Cutaneous Location.
5. Check Specimen Site Other than Anatomic Cutaneous Location:
 - a. If Specimen Site Other than Anatomic Cutaneous Location equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Specimen Site Other than Anatomic Cutaneous Location equals No, include in Eligible Population.
6. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check Pathology Report Includes the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate:
 - a. If Pathology Report Includes the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in Sample Calculation.

- c. If Pathology Report Includes the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals No, proceed to check Documentation of Medical Reason(s) for Not Including pT Category and a Statement on Thickness, Ulceration and Mitotic Rate.
9. Check Documentation of Medical Reason(s) for Not Including pT Category and a Statement on Thickness, Ulceration and Mitotic Rate:
 - a. If Documentation of Medical Reason(s) for Not Including pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals Yes, include in the Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
 - c. If Documentation of Medical Reasons for Not Including pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals No, proceed to check Pathology Report Does Not Include the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate.
10. Check Pathology Report Does Not Include the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate:
 - a. If Pathology Report Does Not Include the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
 - c. If Pathology Report Does Not Include the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate equals No, proceed to check Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in Sample Calculation.

SAMPLE CALCULATIONS:	
Data Completeness=	
$\frac{\text{Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$	
Performance Rate=	
$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$	