

Quality ID #509: Melanoma: Tracking and Evaluation of Recurrence

2025 COLLECTION TYPE: **MIPS CLINICAL QUALITY MEASURES (CQMS)**

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients who had an excisional surgery for melanoma or melanoma in situ with initial American Joint Committee on Cancer (AJCC) staging of 0, I, or II, in the past 5 years in which the operating clinician examines and/or diagnoses the patient for recurrence of melanoma.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. This measure is intended to reflect the quality of services provided for patients with a diagnosis of melanoma or melanoma insitu with initial AJCC staging of 0, I, or II, in the past 5 years. 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. The intent of this measure is to ensure that patients who had an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, OR II have a follow up exam for melanoma recurrence. The exam for recurrence can be completed by any provider as long as it is documented in the medical record by the excising clinician that the exam was performed.

This measure will be calculated with 2 performance rates:

- 1) Documentation by the clinician who performed the surgery that an exam for recurrence of melanoma was performed on the patient within the performance period
- 2) All patients that were diagnosed with a recurrent melanoma in the current performance period

For accountability reporting in the CMS MIPS program, the rate for submission criteria 1 is used for performance.

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 (SUBMISSION CRITERIA 1 & 2):

All patients that the clinician has performed a type of excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II

DENOMINATOR NOTE:

The past five year timeframe for an encounter begins at the start of the performance period.

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged 18 years and older on the date of the encounter

AND

Diagnosis for Melanoma or Melanoma in situ (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, D03.0, D03.10, D03.111, D03.112, D03.20, D03.121, D03.122, 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

Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC Staging of 0, I, or II at the start of the performance period: M1386

AND

Patient encounters during the performance period (CPT): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*

WITHOUT

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

AND NOT

DENOMINATOR EXCLUSION:

Patients who died during the performance period: M1387

NUMERATOR (SUBMISSION CRITERIA 1):

Documentation by the clinician who performed the surgery that an exam for recurrence of melanoma was performed on the patient within the performance period

Numerator Instructions:

Lost to Follow-up – For purposes of this measure, in addition to those patients that the clinician is unable to locate for follow-up after documentation of attempt, lost to follow-up includes documentation of patients who relocated outside of the geographic area, transferred to a new clinician, or who had changes in insurance and are unable to follow-up.

Numerator Options:

Performance Met:

Patients with documentation of an exam performed for recurrence of melanoma (**M1388**)

OR

Denominator Exception:

Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail – at least one method must be documented) (**M1392**)

OR

Performance Not Met:

Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period (**M1390**)

NUMERATOR (SUBMISSION CRITERIA 2):

All patients that were diagnosed with a recurrent melanoma in the current performance period

Definitions:

Recurrent – For purposes of this measure, recurrence is local recurrence of where the anatomical location(s) of the excised lesion or Mohs surgery occurred for ALL qualifying excisions identified in the denominator. Other locations should not be counted for this measure.

Reported score – AJCC staging 0, I, or II

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or

control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Lost to Follow-up – For purposes of this measure, in addition to those patients that the clinician is unable to locate for follow-up after documentation of attempt, lost to follow-up includes documentation of patients who relocated outside of the geographic area, transferred to a new clinician, or who had changes in insurance and are unable to follow-up.

Numerator Options:

Performance Met:

All patients who were diagnosed with recurrent melanoma during the current performance period
(M1391)

OR

Denominator Exception:

Documentation of patient reasons for no examination, i.e., refusal of examination OR lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail – at least one method must be documented) **(M1392)**

Performance Not Met:

Patients who were not diagnosed with recurrent melanoma during the current performance period
(M1393)

RATIONALE:

Melanoma recurrence is an outcome that needs precise evaluation. This measure will allow for the development of a system in which melanomas can accurately be tracked so that we can truly understand the effectiveness of care. The literature describes a lack of a standard for follow-up, tracking, and evaluating melanoma in early-stage disease. This measure will evaluate the frequency of recurrence along with the type of recurrence (local, in transit, LN, systemic) that occurs after an excisional procedure.

It is also recognized that there may be a lack of communication between the excising clinician and the clinician who is following the patient longitudinally. This measure is also an initiative to drive a care-collaborative network that encourages communication about the recurrence status of melanoma patients.

CLINICAL RECOMMENDATION STATEMENTS:

1. For common follow-up recommendations for all patients: Follow up schedule is influenced by risk of recurrence, prior primary melanoma, and family history of melanoma, and includes other factors such as atypical moles/dysplastic nevi (NCCN Melanoma: Cutaneous, 2022)
2. For patients who present with stage I-II melanoma and who are rendered free of disease after initial treatment, recurrences are distributed as follows: approximately 15% to 20% are local or in transit (NCCN Melanoma: Cutaneous, 2022)
3. Data from several studies suggest that the time it takes for the risk of recurrence to reach its low plateau depends on the stage of disease at first presentation. In a retrospective study of patients who initially presented with stage I melanoma (N = 1568), 80% of the 293 recurrences developed within the first 3 years, but some recurrences (<8%) were detected 5 to 10 years after the initial treatment. A prospective study found that for patients with stage I or II at initial presentation, the risk of recurrence reached a low level by 4.4 years after initial diagnosis (NCCN Melanoma: Cutaneous, 2022)

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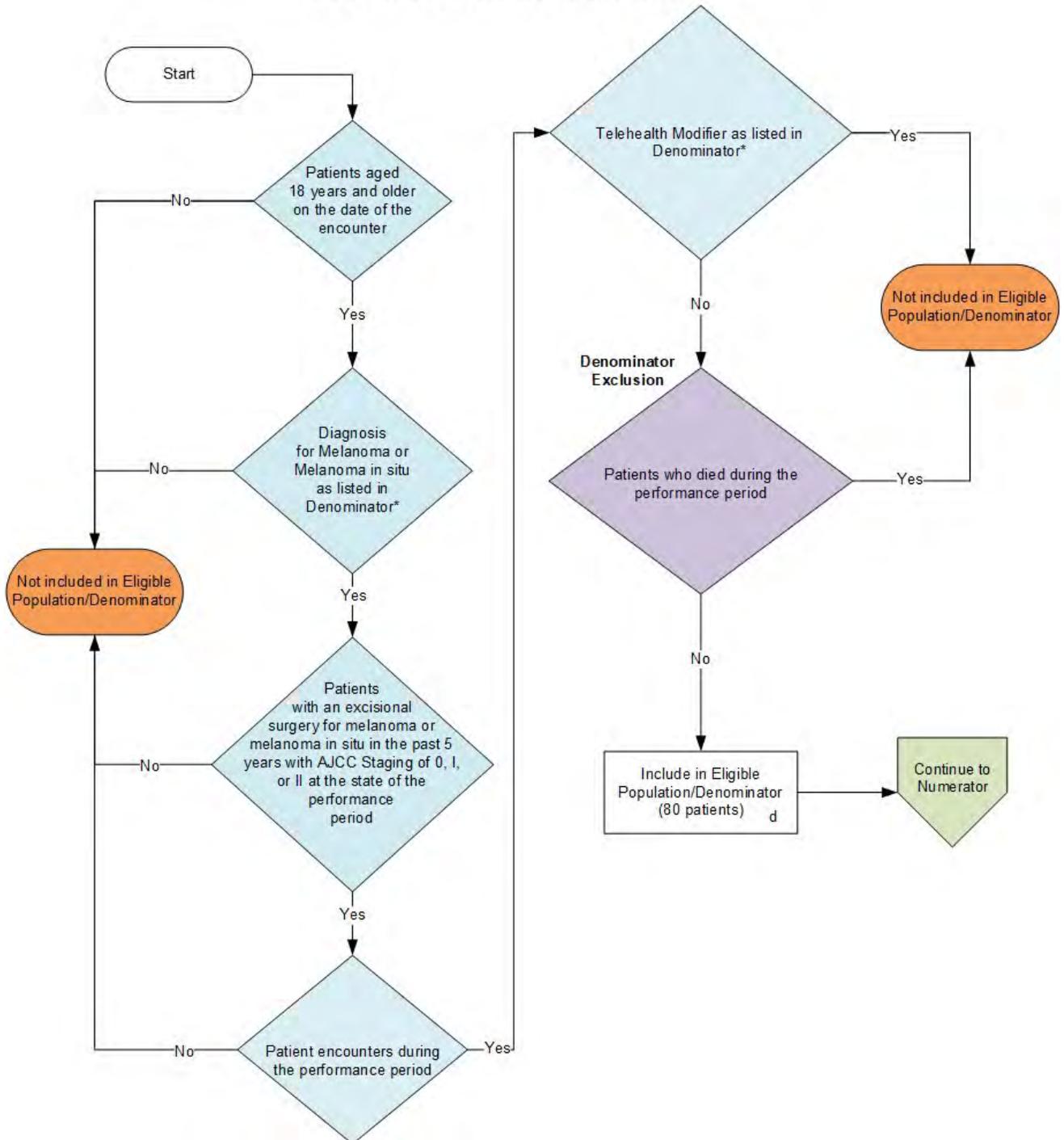
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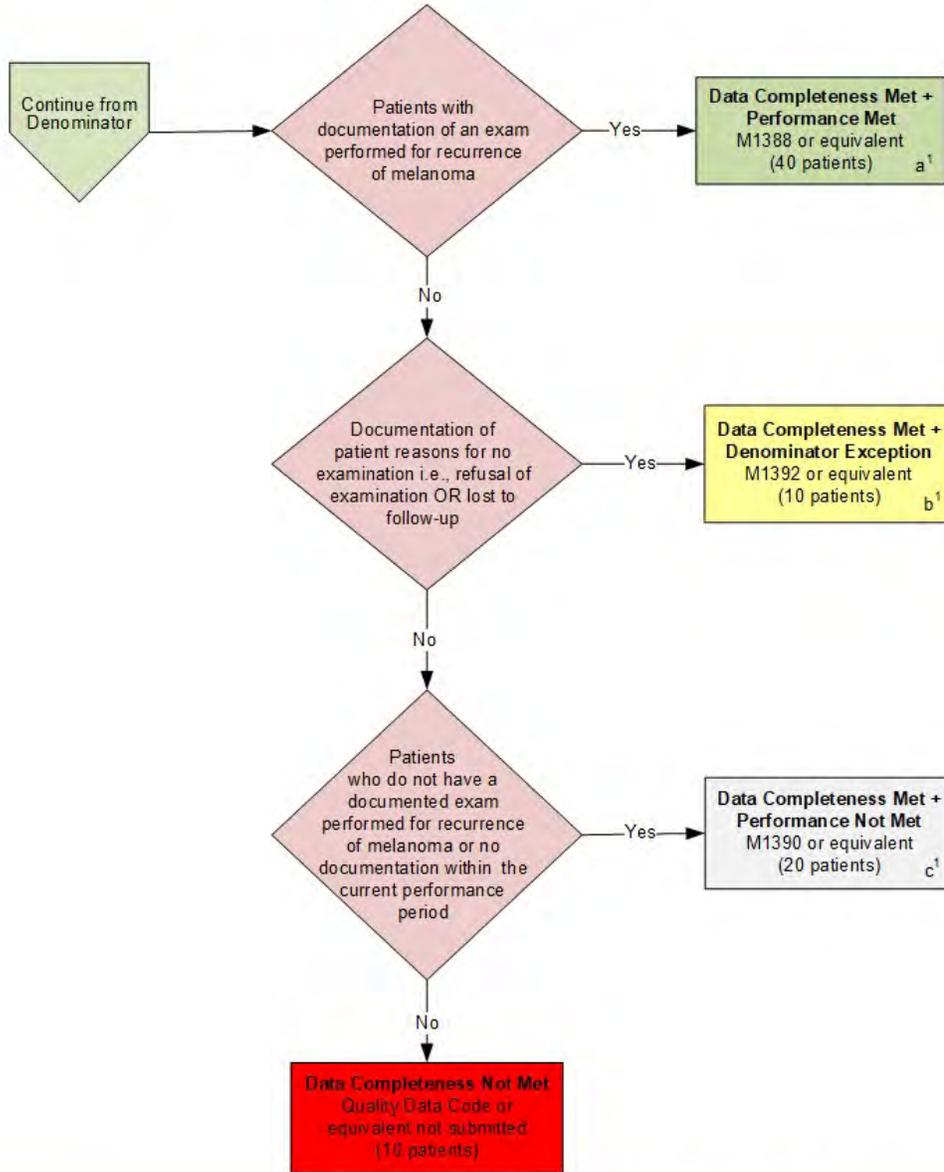
**2025 Clinical Quality Measure Flow for Quality ID #509: Melanoma:
Tracking and Evaluation of Recurrence**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

**Multiple Performance Rates
Denominator Criteria One and Two**



Numerator (Submission Criteria One)



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)} + \text{Denominator Exception (b}^1=10 \text{ patients)} + \text{Performance Not Met (c}^1=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}=80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b}^1=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

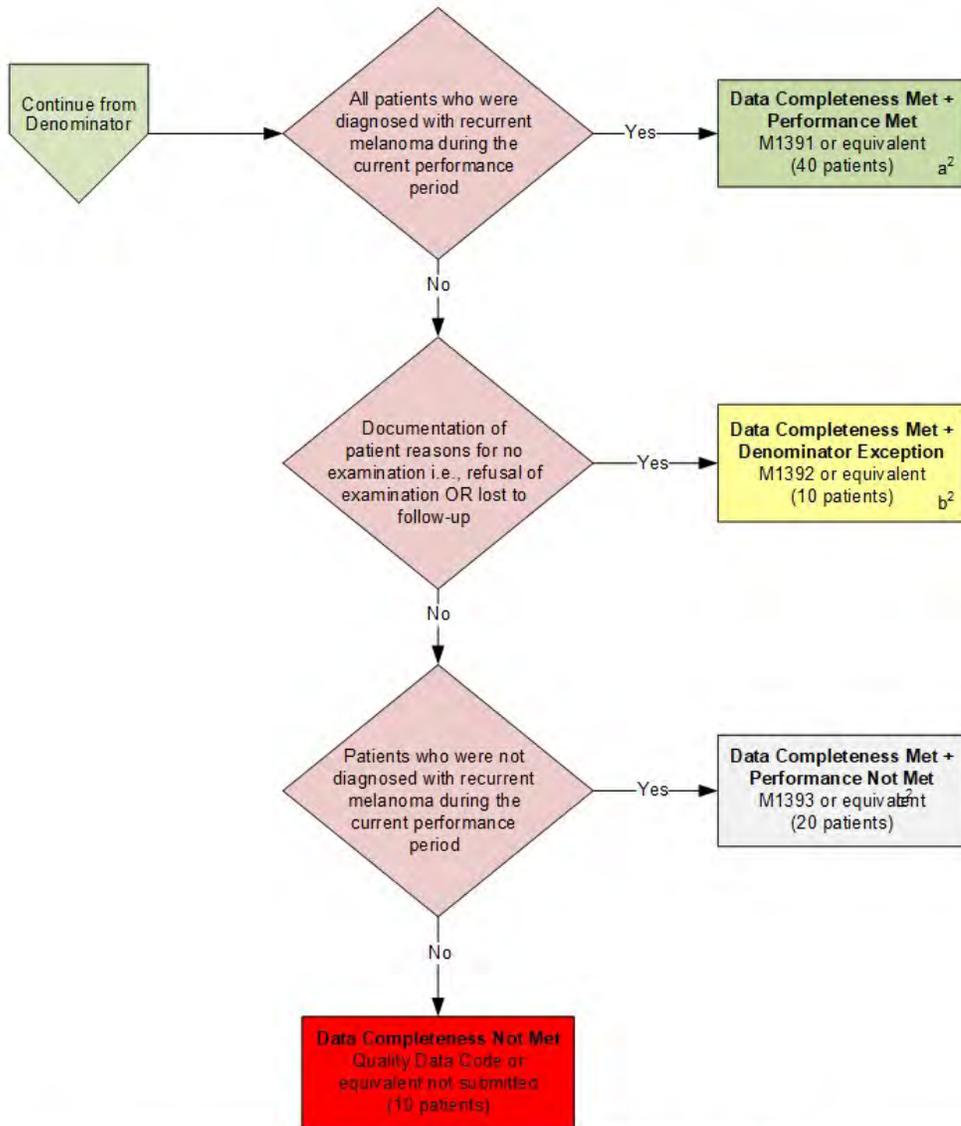
*See the posted measure specifications for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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Numerator (Submission Criteria Two)



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)} + \text{Denominator Exception (b}^2=10 \text{ patients)} + \text{Performance Not Met (c}^2=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}=80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b}^2=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-Process

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2025 Clinical Quality Measure Flow Narrative for Quality ID #509: Melanoma: Tracking and Evaluation of Recurrence

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Denominator Criteria One and Two:

1. Start with Denominator:
2. Check *Patients aged 18 years and older on date of the encounter*.
 - a. If *Patients aged 18 years and older on date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged 18 years and older on date of the encounter* equals Yes, proceed to check *Diagnosis for Melanoma or Melanoma in situ as listed in Denominator**.
3. Check *Diagnosis for Melanoma or Melanoma in situ as listed in Denominator**
 - a. If *Diagnosis for Melanoma or Melanoma in situ as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Melanoma or Melanoma in situ as listed in Denominator** equals Yes, proceed to check *Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC Staging of 0, I, or II at the start of the performance period*.
4. Check *Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC Staging of 0, I, or II at the start of the performance period*.
 - a. If *Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC Staging of 0, I, or II at the start of the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC Staging of 0, I, or II at the start of the performance period* equals Yes, proceed to check *Patient encounters during the performance period as listed in Denominator**
5. Check *Patient encounters during the performance period as listed in Denominator**.
 - a. If *Patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier as listed in Denominator**.
6. Check *Telehealth Modifier as listed in Denominator**
 - a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible*

- *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 c¹ equals 20 patients in the Sample Calculation.
- b. If *Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period* equals No, proceed to check *Data Completeness Not Met*.

13. Check *Data Completeness Not Met*.

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria One

Data Completeness equals Performance Met (a¹ equals 40 patients) plus Denominator Exception (b¹ equals 10 patients) plus Performance Not Met (c¹ equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a¹ equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b¹ equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

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1. Start Numerator (SUBMISSION CRITERIA 2):
2. Check *All patients who were diagnosed with recurrent melanoma during the current performance period.*
 - a. If *All patients who were diagnosed with recurrent melanoma during the current performance period* equals Yes, include in *Data Completeness Met and Performance Met.*
 - *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 a² equals 40 patients in the Sample Calculation
 - b. If *All patients who were diagnosed with recurrent melanoma during the current performance period* equals No, proceed to check *Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up.*
3. Check *Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up.*
 - a. If *Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up* equals Yes, include in *Data Completeness Met and Denominator Exception.*
 - *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 b² equals 10 patients in the Sample Calculation.
 - b. If *Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up* equals No, proceed to check *Patients who were not diagnosed with recurrent melanoma during the current performance period.*
4. Check *Patients who were not diagnosed with recurrent melanoma during the current performance period.*
 - a. If *Patients who were not diagnosed with recurrent melanoma during the current performance period* equals Yes, include in *Data Completeness Met and Performance Not Met.*
 - *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 c² equals 20 patients in the Sample Calculation.
 - b. If *Patients who were not diagnosed with recurrent melanoma during the current performance period* equals No, proceed to check *Data Completeness Not Met.*
5. Check *Data Completeness Not Met.*
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria Two

Data Completeness equals Performance Met (a² equals 40 patients) plus Denominator Exception (b² equals 10 patients) plus Performance Not Met (c² equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^2 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification