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

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process – High Priority

- *INVERSE MEASURE (CRITERIA 2): LOWER SCORE – BETTER*

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:
Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of melanoma. 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.

Measure Strata and Performance Rates:
This measure contains two strata defined by two submission criteria.
This measure produces two performance rates.

There are 2 Submission Criteria for this measure:
1) 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.

AND

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

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.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Performance rate 2 is an inverse measure which means 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.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

ALL SUBMISSION CRITERIA: ALL PATIENTS WHO HAVE HAD EXCISIONAL SURGERY FOR MELANOMA OR MELANOMA IN SITU IN THE PAST 5 YEARS WITH AN INITIAL AJCC STAGING OF 0, I, OR II

DENOMINATOR (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

Definitions:
Patients with an excisional surgery (denominator criteria M1386) – see Reference Coding

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 on the date of the encounter (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
Encounters conducted via telehealth: M1426
AND NOT
DENOMINATOR EXCLUSION:
Patients who died during the performance period: M1387

Reference Coding:
Denominator Criteria for Excisional Surgery [M1386] is defined by the following coding only: 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 17311, 17312, 17313, 17314, 17315

NUMERATOR (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:
Inverse Measure – Which means 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:	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 (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:

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

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

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 and new primary melanoma, which depends on patient/family history of melanoma, mole count, and/or presence of atypical moles/dysplastic nevi.” (NCCN Melanoma: Cutaneous, 2025)
2. Patterns of Recurrence: “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, 2025)
3. Timing of recurrence: “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, 2025)

REFERENCES:

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) Melanoma: cutaneous. National Comprehensive Cancer Network; 2025.

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2026 Clinical Quality Measure Flow for Quality ID #509: Melanoma: Tracking and Evaluation of Recurrence Multiple Performance Rates

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

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

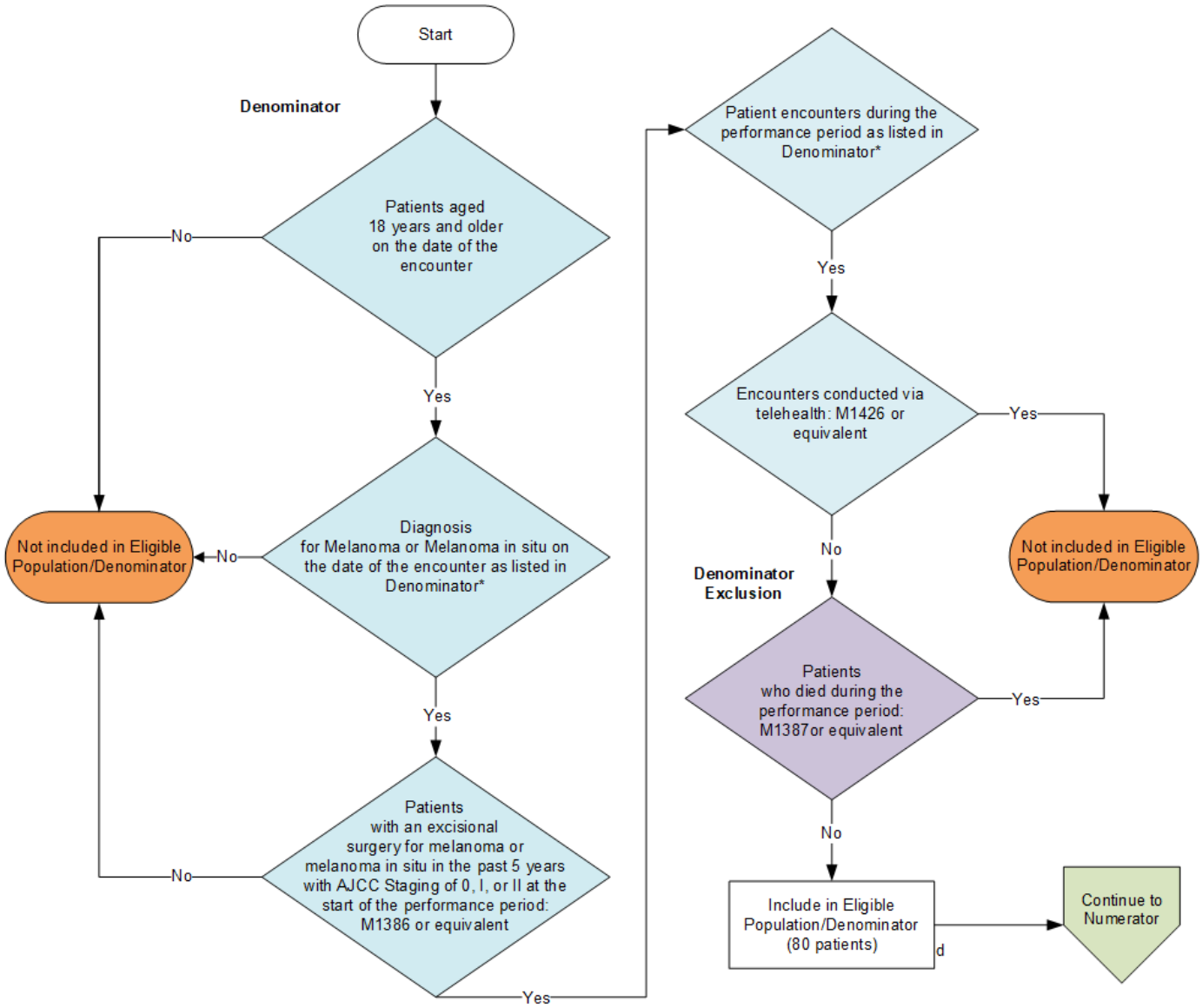
Overall Data Completeness (Submission Criteria 1) =
Performance Met (a^1=40 patients) + Denominator Exception (b^1=10 patients) + Performance Not Met (c^1=20 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Overall Performance Rate (Submission Criteria 1)=
Performance Met (a^1=40 patients) = 40 patients = **66.67%**
Data Completeness Numerator (70 patients) – Denominator Exception (b^1=10 patients) = 60 patients

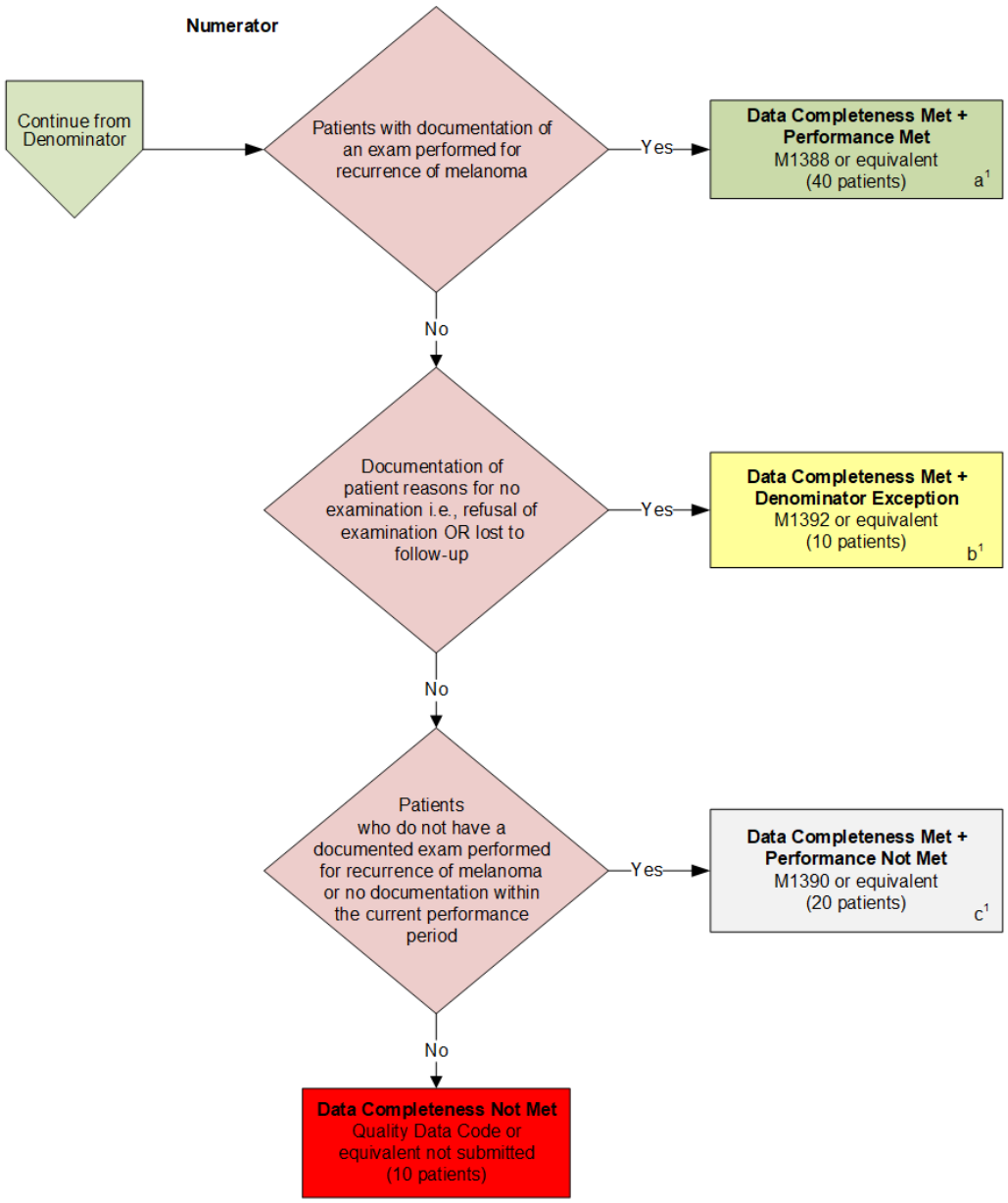
*See the posted measure specifications for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

v10

Submission Criteria One and Two



Submission Criteria One



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

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

Performance Rate=

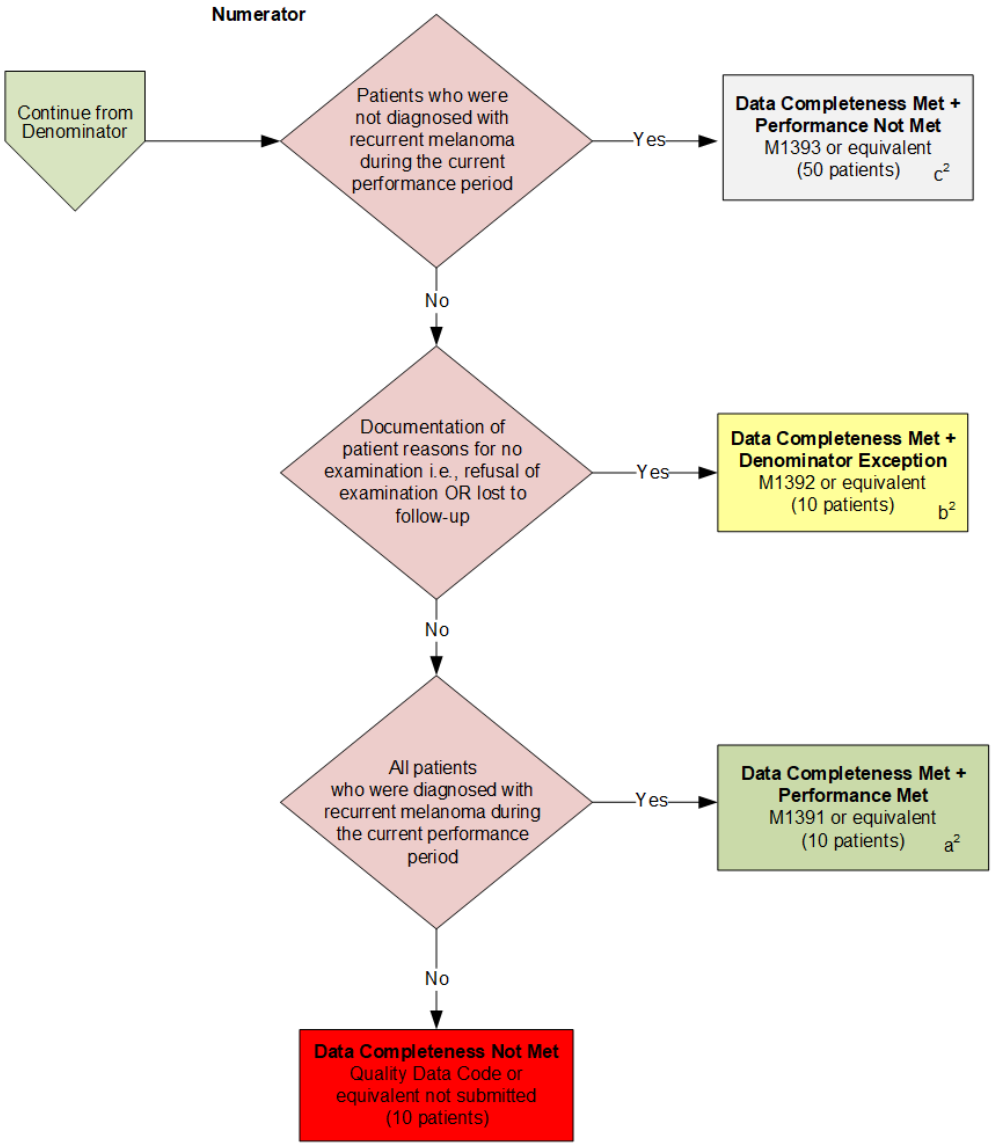
$$\frac{\text{Performance Met } (a^1=40 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^1=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$

*See the posted measure specifications for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

v10

Submission Criteria Two

INVERSE MEASURE: LOWER SCORE – BETTER**



SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=

$$\frac{\text{Performance Met } (a^2=10 \text{ patients}) + \text{Denominator Exception } (b^2=10 \text{ patients}) + \text{Performance Not Met } (c^2=50 \text{ patients})}{\text{Eligible Population / Denominator } (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^2=10 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exception } (b^2=10 \text{ patients})} = \frac{10 \text{ patients}}{60 \text{ patients}} = \mathbf{16.67\%}$$

*See the posted measure specifications for specific coding and instructions to submit this measure.
**A lower calculated performance rate for this submission criteria indicates better clinical care or control.
NOTE: Submission Frequency: Patient-Process

v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #509:

Melanoma: Tracking and Evaluation of Recurrence

Multiple Performance Rates

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

Accountability Reporting in the CMS MIPS Program: Sample Calculations

Overall Data Completeness (Submission Criteria 1) Performance Met (a1 equals 40 patients) plus Denominator Exceptions (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.

Overall Performance Rate (Submission Criteria 1) Performance Met (a1 equals 40 patients) divided by Data Completeness Numerator (equals 70 patients) minus Denominator Exceptions (b1 equals 80 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

Submission 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 *Encounters conducted via telehealth.*

6. Check *Encounters conducted via telehealth*

    a. If *Encounters conducted via telehealth* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Encounters conducted via telehealth* equals No, proceed to *Patients who died during the performance period* include in *Eligible Population/Denominator.*

7. Check *Patients who died during the performance period.*

    a. If *Patients who died during the performance period* equals Yes, do not include in *Eligible Population/ Denominator*. Stop processing.

    b. If *Patients who died during the performance period* equals No, include in Eligible Population/Denominator.

8. Denominator Population:

    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.

9. Start Numerator (SUBMISSION CRITERIA ONE):

10. Check *Patients with documentation of an exam performed for recurrence of melanoma.*

    a. If *Patients with documentation of an exam performed for recurrence of melanoma* 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 a^1 equals 40 patients in the Sample Calculation

    b. If *Patients with documentation of an exam performed for recurrence of melanoma* equals No, proceed to check *Documentation of patient reasons for no examination i.e., refusal of examination OR lost to follow-up.*

11. 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 b^1 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 do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period*.

12. Check *Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period.*

    a. *If Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the 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 c^1 equals 20 patients in the Sample Calculation.

    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 Not Met (a^1 equals 40 patients) plus Denominator Exception (b^1 equals 10 patients) plus Performance Met (c^1 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^1 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 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.

1. Start Numerator (SUBMISSION CRITERIA TWO):

2. 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.

If *Patients who were not 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 *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 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 Not Met (c2 equals 20 patients) plus Denominator Exception (b2 equals 10 patients) plus Performance Met (a2 equals 40 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 (a2 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b2 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.

**A lower calculated performance rate for this measure indicates better clinical care or control.

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.