

Quality ID #137: Melanoma: Continuity of Care – Recall System

2023 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Structure – High Priority

DESCRIPTION:

Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:

- A target date for the next complete physical skin exam, AND
- A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with a current diagnosis of melanoma or a history of melanoma seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians providing care for patients with melanoma or a history of melanoma will submit this measure.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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 patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma

DENOMINATOR NOTE: **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):

Diagnosis for melanoma or history of melanoma (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, D03.121, D03.122, D03.20, D03.21, D03.22, 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, Z85.820, Z86.006

AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99424, 99426

NUMERATOR:

Patients whose information is entered, at least once within a 12 month period, into a recall system that includes:

A target date for the next complete physical exam AND

A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

Numerator Instructions:

To satisfy this measure, the recall system must be linked to a process to notify patients when their next physical exam is due, and to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), date(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam.

NUMERATOR NOTE: For Denominator Exception(s), patients are ineligible for this measure if at the time of encounter there are system reason(s) for not entering the patient’s information into a recall system (e.g. melanoma is being monitored by another physician provider).

Numerator Options:

Performance Met:

Patient information entered into a recall system that includes: target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments **(7010F)**

OR

Denominator Exception:

Documentation of system reason(s) for not entering patient’s information into a recall system (e.g., melanoma being monitored by another physician provider) **(7010F with 3P)**

OR

Performance Not Met:

Recall system not utilized, reason not otherwise specified **(7010F with 8P)**

RATIONALE:

Lack of follow-up with providers is noted in the Institute of Medicine (IOM) report on patient errors. Follow-up for skin examination and surveillance is an important aspect in the management of patients with a current diagnosis or a history of melanoma. The presence of a recall system, whether it is electronic or paper based, enables providers to ensure that patients receive follow-up appointments in accordance with their individual needs.

CLINICAL RECOMMENDATION STATEMENTS:

Skin examination and surveillance at least once a year for life is recommended for all melanoma patients, including those with stage 0, in situ melanoma. Clinicians should educate all patients about post-treatment monthly self-exam of their skin and of their lymph nodes if they had stage 1A to IV melanoma. Specific signs or symptoms are indications for additional radiologic imaging. (NCCN, 2011)

No clear data regarding follow-up interval exists, but at least annual history and physical examination with attention to the skin and lymph nodes is recommended. (AAD, 2011)

Regular clinical follow-up and interval patient self-exam of skin and regional lymph nodes are the most important means of detecting recurrent disease or new primary melanoma; findings from history and physical exam should direct the need for further studies to detect local, regional, and distant metastasis. (AAD, 2011)

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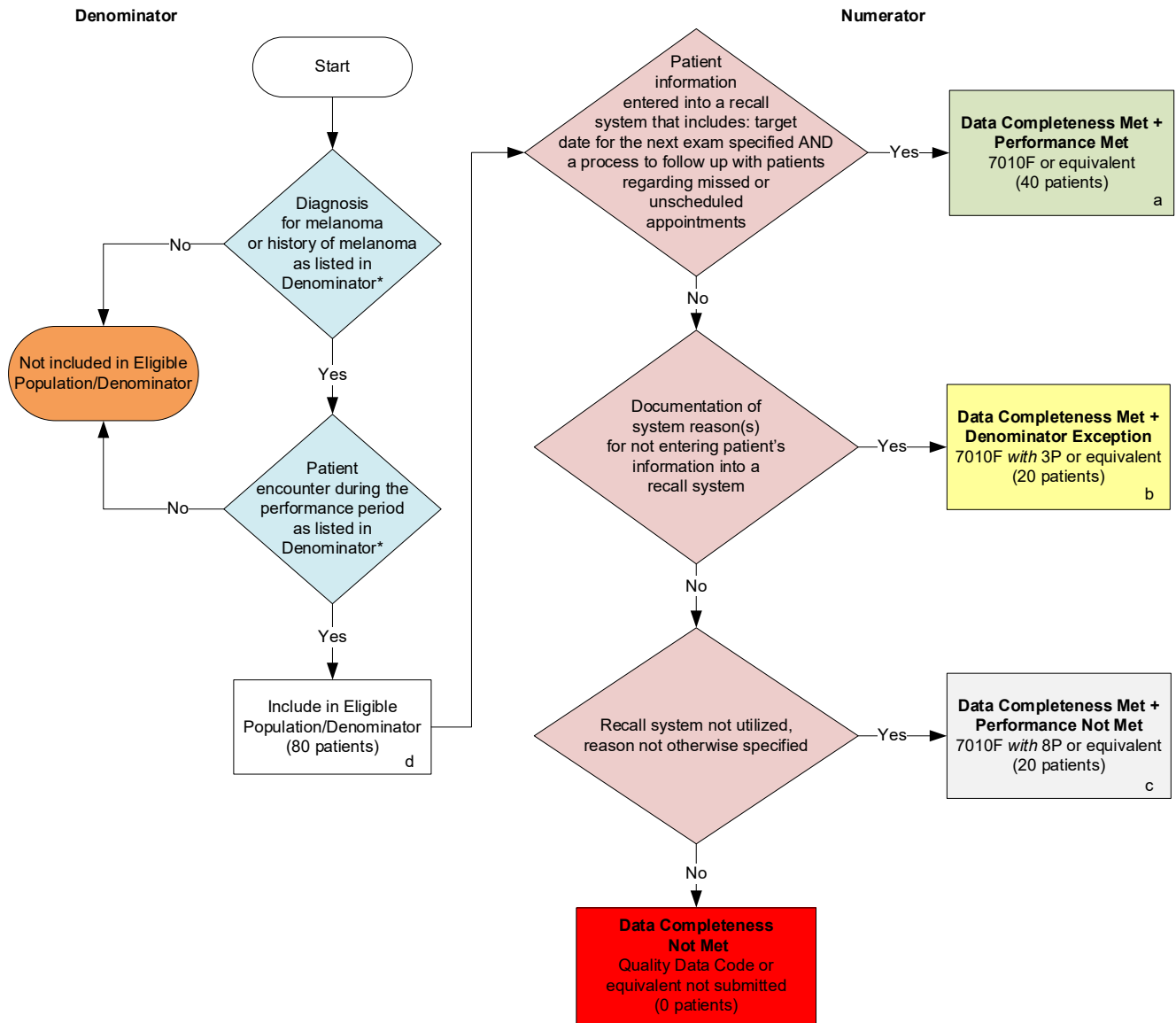
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2023 Clinical Quality Measure Flow for Quality ID #137: Melanoma: Continuity of Care – Recall System

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



SAMPLE CALCULATIONS

$$\frac{\text{Data Completeness= Performance Met (a=40 patients) + Denominator Exception (b=20 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{80 \text{ patients}}{80 \text{ patients}} = 100.00\%$$

$$\frac{\text{Performance Rate= Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b=20 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-Process

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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.

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**2023 Clinical Quality Measure Flow Narrative for Quality ID #137:
Melanoma: Continuity of Care – Recall System**

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1. Start with Denominator
2. Check *Diagnosis for melanoma or history of melanoma as listed in Denominator**:
 - a. If *Diagnosis for melanoma or history of melanoma as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for melanoma or history of melanoma as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
4. Denominator Population:
 - a. 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 patients in the Sample Calculation.
5. Start Numerator
6. Check *Patient information entered into a recall system that includes: target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments*:
 - a. If *Patient information entered into a recall system that includes: target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments* 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 equals 40 patients in the Sample Calculation.
 - b. If *Patient information entered into a recall system that includes: target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments* equals No, proceed to check *Documentation of system reason(s) for not entering patient's information into a recall system*.
7. Check *Documentation of system reason(s) for not entering patient's information into a recall system*:
 - a. If *Documentation of system reason(s) for not entering patient's information into a recall system* 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 equals 20 patients in the Sample Calculation.

- b. If *Documentation of system reason(s) for not entering patient's information into a recall system* equals No, proceed to check *Recall system not utilized, reason not otherwise specified*.
8. Check *Recall System not utilized, reason not otherwise specified*:
 - a. If *Recall system not utilized, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
 - b. If *Recall system not utilized, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
9. Check *Data Completeness Not Met*:
 - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 0 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 20 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 80 patients divided by 80 patients. All equals 100.00 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (80 patients) minus Denominator Exception (b equals 20 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

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