Quality ID #397: Melanoma Reporting

2025 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Pathology reports for primary malignant cutaneous melanoma that include the pT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors.

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. In instances where multiple specimens from different/unique lesions are submitted and resulted in a single report, each eligible specimen must be Met in order for the case to be considered Met (Denominator Exclusions and Denominator Exceptions are not considered eligible specimens). If any eligible specimen is Not Met, the quality data code for Not Met should be submitted for this report. 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 using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
All pathology reports for primary malignant cutaneous melanoma covering biopsies and excisions to include wide excisions and re-excisions

Denominator Criteria (Eligible Cases):
Patients ≥ 18 years of age on date of service
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 procedure during performance period (CPT): 88305
WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

NUMERATOR:
Pathology reports for primary malignant cutaneous melanoma that include the pT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors

Numerator Instructions:
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, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors. 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.

Numerator Quality Data Coding Options:

If Patient is not Eligible for this Measure because the Specimen is not of Cutaneous Origin

Denominator Exclusion: **G9430:** Specimen site other than anatomic cutaneous location

OR

Pathology Reports that Include the pT Category and a Statement on Thickness, Ulceration and Mitotic Rate

Performance Met: **G9428:** Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors

OR

Pathology Reports that do not Include the pT Category, Thickness, Ulceration and Mitotic rate Peripheral and Deep Margin Status and presence or absence of Microsatellitosis, not Documented for Medical Reasons

Denominator Exception: **G9429:** Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)

OR

Pathology Reports that do not Include the pT Category, Thickness, Ulceration and Mitotic rate Peripheral and Deep Margin Status and presence or absence of Microsatellitosis, Reason not given

Performance Not Met: **G9431:** Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors

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 American Joint Committee on Cancer (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.” (http://onlinelibrary.wiley.com/doi/10.3322/caac.21409/pdf)

The American Academy of Dermatology recently updated guidelines for management of primary cutaneous melanoma. In addition to re-affirming the importance of pT, thickness, ulceration and mitotic rate (“There is strong evidence that at least 3 histologic features of the primary tumor are dominant predictors of outcome: Breslow thickness, ulceration, and dermal mitotic rate”), these guidelines also emphasized the importance of other elements include peripheral and deep margin status, microsatellitosis and lymphovascular invasion (Swetter et al). For margin status, the guidelines note that “An additional essential element of the pathology report is the status of the peripheral and deep margins (positive or negative) of the specimen. Presence or absence of tumor at the surgical margin indicates whether the entire lesion was available for histologic evaluation and provides guidance for further management.” Microsatellites, or tumors nests in the vicinity of the

main invasive tumor, are an important component of the eighth edition of the AJCC staging system and per the AAD guideline “the presence or absence of microscopic satellites must be reported for accurate staging.”

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

Swetter SM, Tsao H, Bichakjian CK, Curiel-Lewandrowski C, Elder DE, Gershenwald JE, Guild V, Grant-Kels JM, Halpern AC, Johnson TM, Sober AJ, Thompson JA, Wisco OJ, Wyatt S, Hu S and Lamina T. (2018) Guidelines of care for the management of primary cutaneous melanoma. J Am Acad Dermatol 80 (1): 208-250. https://www.jaad.org/article/S0190-9622(18)32588-X/fulltext

Wonwoo Shon, DO; Priyadharsini Nagarajan, MD, Ph; David P. Frishberg, MD; et al.(2023). Protocol for the Examination of Excision Specimens From Patients With Melanoma of the Skin. College of American Pathologists. Skin.Inv_Melanoma_1.0.0.0.REL_CAPCP.pdf

Wonwoo Shon, DO; Priyadharsini Nagarajan, MD, PhD; David P. Frishberg, MD; et al.(2023). Protocol for the Examination of Biopsy Specimens From Patients With Melanoma of the Skin. College of American Pathologists. Skin.Inv_Melanoma.Bx_1.0.0.0.REL_CAPCP.pdf

CLINICAL RECOMMENDATION STATEMENT:

There is strong evidence that at least 3 histologic features of the primary tumor are dominant predictors of outcome: Breslow thickness, ulceration, and dermal mitotic rate.

An additional essential element of the pathology report is the status of the peripheral and deep margins (positive or negative) of the specimen.

Depending on the specific T- and N-category criteria, such patients would be staged as either stage IIIC or IIID. Therefore, the presence or absence of microscopic satellites must be reported for accurate staging.

COPYRIGHT:

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

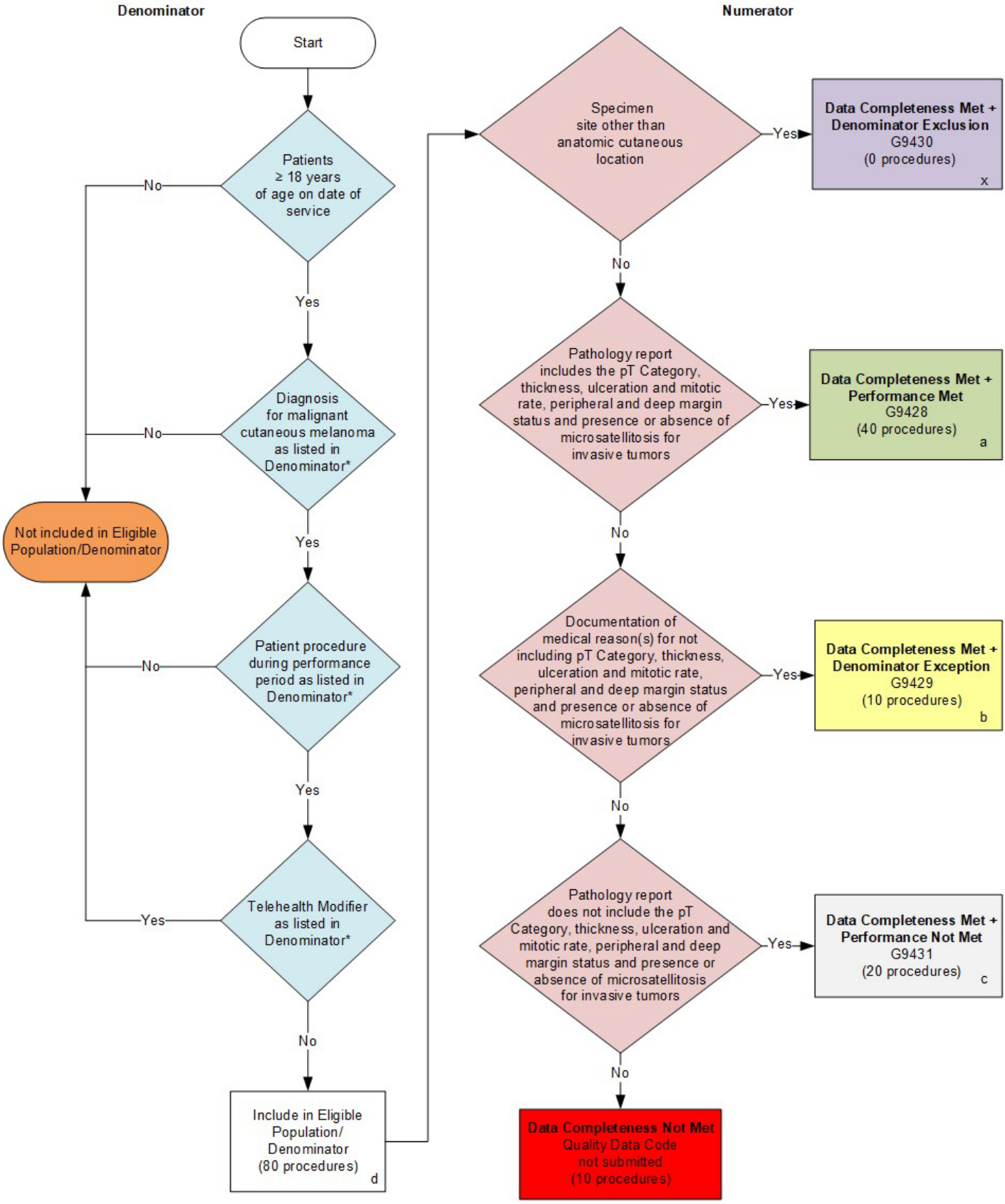
© 2024 College of American Pathologists. All Rights Reserved

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The College of American Pathologists disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2024 American Medical Association. ICD-10 is copyright 2024 World Health Organization. All Rights Reserved.

2025 Medicare Part B Claims Flow for Quality ID #397: Melanoma Reporting

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



SAMPLE CALCULATIONS

Data Completeness =

Denominator Exclusion (x=0) + Performance Met (a=40) + Denominator Exception (b=10) + Performance Not Met (c=20) = 70 procedures = **87.50%**

Eligible Population / Denominator (d=80) = 80 procedures

Performance Rate=

Performance Met (a=40) = 40 procedures = **66.67%**

Data Completeness Numerator (70) – Denominator Exclusion (x=0) – Denominator Exception (b=10) = 60 procedures

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

NOTE: Submission Frequency: Procedure

CPT only copyright 2024 American Medical Association. All rights reserved.
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.

v9

2025 Medicare Part B Claims Flow Narrative for Quality ID #397: Melanoma Reporting

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

1. Start with Denominator
2. Check *Patients greater than or equal to 18 years of age on date of service*:
    a. If *Patients greater than or equal to 18 years of age on date of service* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients greater than or equal to 18 years of age on date of service* equals Yes, proceed to check *Diagnosis for malignant cutaneous melanoma as listed in Denominator**.
3. Check *Diagnosis for malignant cutaneous melanoma as listed in Denominator**:
    a. If *Diagnosis for malignant cutaneous melanoma as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for malignant cutaneous melanoma as listed in Denominator** equals Yes, proceed to check *Patient procedure during performance period as listed in Denominator**.
4. Check *Patient procedure during performance period as listed in Denominator**:
    a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier as listed in Denominator**.
5. Check *Telehealth Modifier as listed in Denominator**:
    a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Telehealth Modifier as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
    - 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 *Specimen site other than anatomic cutaneous location*:
    a. If *Specimen site other than anatomic cutaneous location* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
        - *Data Completeness Met and Denominator Exclusion* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 0 procedures in the Sample Calculation.

b. If *Specimen site other than anatomic cutaneous location* equals No, proceed to check *Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*.

9. Check *Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*:

   a. If *Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* 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 procedures in Sample Calculation.

   b. If *Pathology report includes the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* equals No, proceed to check *Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*.

10. Check *Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*:

    a. If *Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* 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 10 procedures in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not including pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* equals No, proceed to check *Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*.

11. Check *Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors*:

    a. If *Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* 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 equals 20 procedures in the Sample Calculation.

    b. If *Pathology report does not include the pT Category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

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

Sample Calculations

Data Completeness equals Denominator Exclusion (x equals 0 procedures) plus Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 10 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exclusion (x equals 0 procedures) minus Denominator Exception (b equals 10 procedures). All equals 40 procedures divided by 60 procedures. All equals 66.67 percent.

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

NOTE: Submission Frequency: Procedure

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.