



CMS Measure ID/CMS QCDR ID: CAP 41

Measure Title: Basal Cell Skin Cancer: Complete Reporting

Measure Specifications

Measure Description	Percentage of final pathology reports for excisions for basal cell carcinoma of the skin that include a comment on histologic subtype, margin status, presence or absence of invasion beyond the reticular dermis (or for Mohs specimens, anatomic level of invasion), and perineural invasion where required.
Denominator Statement	<p>All final pathology reports for patients, regardless of age, who undergo an excision or re-excision for malignant cutaneous basal cell carcinoma</p> <p>CPT®¹: 88305 (Excision including Mohs excisions) AND ICD10:</p> <ul style="list-style-type: none"> • C44.01 Basal cell carcinoma of skin of lip • C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus • C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus • C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus • C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus • C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus • C44.211 Basal cell carcinoma of skin of unspecified ear and external auricular canal • C44.212 Basal cell carcinoma of skin of right ear and external auricular canal • C44.219 Basal cell carcinoma of skin of left ear and external auricular canal • C44.310 Basal cell carcinoma of skin of unspecified parts of face • C44.311 Basal cell carcinoma of skin of nose • C44.319 Basal cell carcinoma of skin of other parts of face • C44.41 Basal cell carcinoma of skin of scalp and neck • C44.510 Basal cell carcinoma of anal skin • C44.511 Basal cell carcinoma of skin of breast • C44.519 Basal cell carcinoma of skin of other part of trunk • C44.611 Basal cell carcinoma of skin of unspecified upper limb, including shoulder • C44.612 Basal cell carcinoma of skin of right upper limb, including shoulder • C44.619 Basal cell carcinoma of skin of left upper limb, including shoulder • C44.711 Basal cell carcinoma of skin of unspecified lower limb, including hip • C44.712 Basal cell carcinoma of skin of right lower limb, including hip • C44.719 Basal cell carcinoma of skin of left lower limb, including hip • C44.81 Basal cell carcinoma of overlapping sites of skin • C44.91 Basal cell carcinoma of skin, unspecified
Denominator Exclusions	<p>1. Specimens that are exclusively in situ disease (ICD10 D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9)</p>

¹ CPT copyright: 2023 American Medical Association. All rights reserved.
Last Updated: 12/04/2023



Denominator Exceptions	<ol style="list-style-type: none"> 1. Biopsy specimens 2. Cytology specimens 3. No residual carcinoma 4. Necrotic tissue 5. Specimen site other than cutaneous or cancer other than basal cell
Numerator Statement	<p>Pathology report contains a statement on the following:</p> <ul style="list-style-type: none"> - Margin status* - Histologic Type - Presence or absence of invasion beyond the reticular dermis or for Mohs' excisions, anatomic level of invasion or absence of invasion - Presence of perineural invasion involving a nerve below the dermis or a nerve greater than or equal to 0.1 mm in caliber, or absence of both <p>*Specimens displaying fragmentation should be noted in pathology report as part of margin status statement.</p>
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	<p>The data elements included in this measure are critical for determining the risk for local recurrence or metastasis in patients with cutaneous basal cell carcinoma (1). Communication of this information to the dermatologist is essential for establishing treatment options and follow-up including monitoring high-risk cancers for progression (2).</p> <ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology (2022) Basal Cell Skin Cancer. Version 2.2022, published online march 24,, 2022 at https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	<p>As of 1 July 2024, 21 practices including 145 clinicians had data for CAP 41. The average performance rate is 97.93% with scores ranging from 60% to 100%</p> <p>Per a 2020 study, 16.7% of pathologists were not aware of the NCCN guidelines for nonmelanoma skin cancer, and another 16.7% were only "somewhat aware". "Half of the pathologists responded using CCPDMA in less than half of high-risk tumors." (CCPDMA is margin assessment). In this survey, the most common barrier to use was surgeons' deference to pathologists for determining the appropriate way to assess margins. The paper concludes this is suboptimal for several reasons.</p> <p>From Danesh MJ et al (2020) Adherence to the National Comprehensive Cancer Network Criteria of Complete Circumferential Peripheral and Deep</p>



	Margin Assessment in Treatment of High-Risk Basal and Squamous Cell Carcinoma. Dermatol Surg 46:1473–1480
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No Proportional Measure: Yes (Higher score indicates better quality) Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Care Setting and Specialty	Care Setting: Other—Laboratories; Telehealth not applicable Specialty: Pathology
Current Clinical Guideline the Measure is Derived From	NCCN Guideline states pathologic reports for biopsies should include histologic subtype and presence and extent of any features that would increase the risk for local recurrence, including invasion of tumor beyond reticular dermis and presence of perineural invasion. Excision reporting elements for all surgical specimens include histologic subtype of BCC, a invasion of tumor beyond deep reticular dermis, presence of perineural invasion (if involving nerve below dermis or if largest nerve involved is ≥0.1 mm in caliber) and angiolymphatic invasion, and peripheral and deep margin status. For Mohs excisions, reporting of these elements is also encouraged. Since depth of invasion (in mm) may not be ascertained on tangentially cut Mohs specimens, anatomic level of invasion should be reported. Frozen or permanent section analysis of the clinical tumor specimen may be undertaken if needed for complete reporting of features associated with poor prognosis (1). 1. NCCN Clinical Practice Guidelines in Oncology (2024) Basal Cell Skin Cancer. Version 3.2024, published online March 1, 2024 at https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf

