



**QPP 440: Skin Cancer: Biopsy Reporting Time – Pathologists to Clinician  
(American Academy of Dermatology measure)**

**If a patient had an excision or re-excision of a melanoma biopsy for melanoma, then do those cases fall into the Performance Met category?**

This measure was created by the American Academy of Dermatology (AAD) and per their specifications, only biopsies may be included in the denominator of this measure. Any sample that is classified as a biopsy can be included, such as punch biopsies or shave biopsies. The two primary categories of samples that **should not** be included are re-excisions and wide excisions. Those cases should be marked as Exceptions using the new **M1166** code.

**Should I include any re-excision cases for any diagnoses including basal cell carcinoma (BCC), squamous cell carcinoma (SCC), melanoma, and melanoma in-situ. or only biopsies for skin cancer including melanoma?**

No. Only biopsies with diagnosis of BCC or SCC or melanoma/in-situ are included in the measure. Wide excision and re-excisions do not apply.

**Our practice has created dummy G codes to flag wide excision and re-excision cases so they can be excluded from the measure. Will FIGmd be able to exclude these cases?**

Unfortunately, no. The dummy G codes will have to be removed from the cases prior to being sent to FIGmd. We encourage practices to implement a system where the flagged wide-excision and re-excision cases are removed prior to being sent to FIGmd.

**If we submit a case which hits option 440 based in ICD/CPT code, and there is no quality code attached; there is no way to easily ‘fix’ this if the case is in fact an excision. Cases will have to be excluded manually by submitting screenshots/path reports. As a work around, we can run a pre-edit on all claims data looking for 440 cases that are lacking a quality code. The cases will be returned to the client for correction. Excisions will be identified and manually excluded from the transmission to CAP.**

If the quality code is missing, it will fall into data incomplete. To correct the case:

Scenario 1: If the case should be part of the eligible population, the practice should include that case in their correction file with the appropriate quality code.

Scenario 2: If the case is a wide excision or re-excision, the practice/billing company should create a service desk ticket for the measure in the registry,



include a screen shot with the documentation that it is a wide excision/re-excision highlighted, so FIG can remove the case on the back end. It is preferred that you would exclude these cases and not send them to the registry, but this is the back up to correct the data if needed.

**Does Pathologists/Dermatopathologists providing a second opinion on a biopsy include internal and external second opinions/consults? And does it mean that cases that go out are excluded and cases that come in are excluded?**

Unfortunately, the specs aren't totally clear. Yes, internal and external second opinions/consults are included, the spec does not differentiate.

To address the second question, we interpret the exclusion to be Dr. A gets a request from Dr. B to review a case, Dr. A should not include that case in their count, but Dr. B should. Unfortunately, we did not create this measure, the American Academy of Dermatology created this measure. If you want further clarification on this measure, you can reach out to the AAD at [quality@aad.org](mailto:quality@aad.org).

**I did not realize that QPP 440 included melanoma cases. Can I include the melanoma cases that I entered for QPP 397 to a previously submitted CSV Bulk Upload Template?**

You should download a template each time when you are doing a bulk upload. If you missed entering cases into QPP 440 but have already uploaded the file with the same accession IDs for QPP 397, then you will receive an error for duplicate accessions. In order to correct this, you will need to reach out to the FIGmd Client Account Managers at [capcams@figmd.com](mailto:capcams@figmd.com).

**If a patient had three different specimens, but all have a diagnosis of Basal cell carcinoma, then do I have to enter one case or enter three cases using one Accession ID?**

The numerator and denominator are expressed as "number of pathology reports", so for the purposes of calculation, the number of samples on a single report is irrelevant, each report is counted as "one". If the specimens are all under one Accession ID, then it should be one report.

**Are other carcinomas such as sebaceous carcinoma or Merkel cell carcinoma included in the measure?**

No. Sebaceous cell carcinoma and Merkel cell carcinoma are not indicated in the measure specification. The different carcinomas that are indicated in the measure



are squamous cell carcinoma, basal cell carcinoma, melanoma, and melanoma in-situ.

**The measure specification states that the results should be available to the requesting physician with seven days (Turnaround Time). Are weekends and holidays excluded?**

The AAD advised us that, per the measure specification, the turnaround time is seven days. Weekends and holidays are NOT excluded from the calculation.

**For QPP 440, if the Report Sign-Out date is different from the Report Sent date, which date to I enter into the Patient Demographic Information for Report Verification Date in the Webtool?**

If the Signed-Out date and Report Sent date are different, then you can enter the date that the report was sent in the Report Verification Date of the Patient Demographic Information Screen of the Webtool.

The measure specification for QPP 440 specifically states that it requires the date the report was sent.

**Why are connective tissue and soft tissue cancers (sarcomas) included in this measure as skin cancer (e.g., “Other Malignant Diagnosis” ICD-10 codes)?**

Connective tissue and soft tissue cancers (sarcomas) are included in QPP 440 because they can occur in the subcutaneous tissue and other deep tissues of the skin. Soft tissue cancers can also occur elsewhere such as the muscles, blood vessels, tendons, ligaments, and nerves. However, we do not want those other samples, only skin-based samples. These other diagnoses were added two years ago by the AAD when melanoma was added.