

Measure 137: Melanoma: Continuity of Care – Recall System

Reporting Option: Registry Only

Quality Domain: Communication and Care Coordination

Instructions: This measure is to be reported a minimum of once per reporting period for melanoma patients seen during the reporting period. It is anticipated that clinicians providing care for patients with melanoma or a history of melanoma will submit this measure.

Category II Codes:

7010F 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; or

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

7010F 8P Recall system not utilized, reason not otherwise specified

CPT Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NOTE: Eye codes (92002, 92004, 92012, and 92014) are not included in this measure

Diagnosis Codes:

Diagnosis for melanoma or history of melanoma (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, V10.82

Diagnosis for melanoma or history of melanoma (ICD-10-CM) [for use 10/01/2015-12/31/2015]: C43.0, C43.10, C43.11, C43.12, 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, D03.11, D03.12, 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

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)