

Measure 224: Melanoma: Overutilization of Imaging Studies in Melanoma

Reporting Option: Registry Only

Quality Domain: Efficiency and Cost Reduction

Instructions: This measure is to be reported once per reporting period for patients with a current diagnosis of melanoma or a history of melanoma who are seen for an office visit during the reporting period. This measure is intended to reflect the quality of services provided for the primary management of patients with melanoma who have an office visit during the reporting period.

Category II Codes:

3320F None of the following diagnostic imaging studies ordered: CXR, CT, ultrasound, MRI, PET, and nuclear medicine scans;

AND

G8749 Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma);

OR

3319F 1P Documentation of medical reason(s) for ordering diagnostic imaging studies (e.g., patient has co-morbid condition that warrants imaging, other medical reasons);

OR

3319F 3P Documentation of system reason(s) for ordering diagnostic imaging studies (e.g., requirement for clinical trial enrollment, ordered by another provider, other system reasons)

AND

G8749 Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or other symptom suggesting the possibility of systemic spread of melanoma);

OR

G8750 Presence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or presence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)

OR

3319F One of the following diagnostic imaging studies ordered: chest x-ray, CT, ultrasound, MRI, PET, or nuclear medicine scans

AND

G8749 Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)

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

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

Diagnosis Codes:

Diagnosis for 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 (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: In asymptomatic patients with localized cutaneous melanoma of any thickness, baseline blood tests and imaging studies are generally not recommended and should only be performed as clinically indicated for suspicious signs and symptoms.

Routine cross-sectional imaging (CT, PET, and MRI) is not recommended for patients with localized melanoma. For patients with stage IA melanoma, this is consistent with the National Institutes of Health guideline. For patients with stage IB to IIC, this recommendation is based on the very low yield of detection of subclinical disease. In patients with stage IIB-IIC, chest x-ray is optional. In any patient with localized melanoma, cross-sectional imaging should only be used to investigate specific signs or symptoms.