



## Measure 138: Melanoma: Coordination of Care

Reporting Option: Registry Only

Quality Domain: Communication and Care Coordination

**Instructions:** This measure is to be reported at each visit occurring during the reporting period for melanoma patients seen during the reporting period. It is anticipated that clinicians providing care for patients with melanoma will submit this measure.

There are two reporting criteria for this measure:

**Option 1:** All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma during excision of malignant lesion

**Option 2:** All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma evaluated in an outpatient setting

### Category II Codes:

5050F Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis; or

5050F 2P Documentation of patient reason(s) for not communicating treatment plan (e.g., patient asks that treatment plan not be communicated to the physician(s) providing continuing care; or

5050F 3P Documentation of system reason(s) for not communicating treatment plan (e.g., patient does not have a primary care physician or referring physician); or

5050F 8P Treatment plan not communicated, reason not otherwise specified.

### Option 1 Eligible Cases

#### CPT Codes:

11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 17311, 17313

#### Diagnosis Codes:

Diagnosis for melanoma: 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



### Option 2 Eligible Cases

#### CPT Codes:

99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**Note:** Eye codes (92002, 92004, 92012, 92014) are not included.

#### Diagnosis Codes:

Diagnosis for melanoma: 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

**Clinical Recommendation Statements:** Each local skin cancer multidisciplinary team (LSMDT) and specialist skin cancer multidisciplinary team (SSMDT) should have at least one skin cancer clinical nurse specialist (CNS) who will play a leading role in supporting patients and caregivers. There should be equity of access to information and support regardless of where the care is delivered. A checklist may be used by healthcare professionals to remind them to give patients and caregivers the information they need in an appropriate format for prediagnosis, diagnosis, treatment, follow-up, and palliative care. This may also include a copy of the letter confirming the diagnosis and treatment plan sent by the consultant to the general practitioner (GP).

- Provide a rapid referral service for patients who require specialist management through the LSMDT/SSMDT.
- Be responsible for the provision of information, advice, and support for patients managed in primary care and their care givers.
- Maintain a register of all patients treated, whose care should be part of a regular audit presented to the LSMDT/SSMDT.
- Liaise and communicate with all members of the skin cancer site-specific network group.
- Ensure that referring GPs are given prompt and full information about their patients' diagnosis or treatment in line with national standards on communication to GPs of cancer diagnoses.
- Collect data for network-wide audit by National Institute for Clinical Excellence (NICE)