DESCRIPTION:
The percentage of immune-competent patients with pathologically-proven primary squamous carcinoma in situ (SCCis) lesions of any size on the trunk (chest, back, abdomen) or Keratoacanthoma type squamous cell carcinoma (SCC-KA) lesions 1 cm or smaller on the trunk (chest, back, abdomen) who are treated with Mohs surgery.

INSTRUCTIONS:
This measure is to be reported for every Mohs surgery performed during the reporting period that is consistent with a SCCis or SCC-KA 1cm or smaller on the trunk. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
The eligible population

Denominator Criteria (Eligible Cases):
Eligible Specialties Dermatology
Eligible Providers Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)
Ages 18 and older at the start of the measurement period
Patient with Diagnosis
Diagnosis of squamous carcinoma in situ (SCCis) of any size on the trunk (chest, back or abdomen) OR Diagnosis of Keratoacanthoma type squamous cell carcinoma (SCC-KA) lesions that are 1cm or smaller on the trunk (chest, back or abdomen)

NOTE: diagnosis codes not specific enough to indicate SCCis or SCC-KA. Additional diagnostic information will be provided (abstracted) to identify this measure denominator.

Event Cutaneous biopsy/ biopsies that are performed during the measurement period
If a patient has more than one biopsy procedure date during the measurement period (separate procedures on separate days), a procedure based record would be submitted for each separate date of procedure

Diagnosis Codes for Guidance in Identifying Patients with Squamous Cell Carcinoma of the Trunk:
***Only for guidance; not specific enough to identify SCCis and SCC-KA lesions < 1 cm

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C44.521</td>
<td>Squamous cell carcinoma of skin of breast</td>
</tr>
<tr>
<td>C44.529</td>
<td>Squamous cell carcinoma of skin of other part of trunk</td>
</tr>
</tbody>
</table>
CPT Codes for Identifying Cutaneous Biopsies of the Trunk:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11100</td>
<td>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</td>
</tr>
<tr>
<td>11101</td>
<td>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate additional lesion</td>
</tr>
</tbody>
</table>

NUMERATOR:
Number of patients with pathologically-proven primary SCCs or SCC-KA lesions of the trunk treated by the provider utilizing Mohs surgery [CPT 17313]

Exclusions:
- Patients whose immune system is compromised by disease or active treatment of disease.
  
  *Examples of immunocompromised patients include but are not limited to HIV, organ transplant, hematologic malignancy, or pharmacologic immunosuppression.*

- Patients who have a genetic syndrome that increases their risk for skin cancer due to decreased immune response or abnormalities in the skin cell cycle.
  
  *Examples of genetic syndromes include but are not limited to Basal Cell Nevus Syndrome, Muir Torre Syndrome, Xeroderma Pigmentosus, Li Fraumeni Syndrome, and Bazex Syndrome.*

- Tumors in areas of previous radiation therapy.

- Squamous cell carcinoma in situ (SCCis) tumors that have pathologically documented areas of dermal invasion, or dermal invasion is found on any stage if Mohs surgery is performed.
  
  *Examples of pathology report documentation for this exclusion include but are not limited to:*
    - Pathology report states that it cannot exclude a deeper or more aggressive tumor histology for any reason other than because it is a partial biopsy sample
    - Pathology report states that there is a collision tumor with another tumor that has a more aggressive histology

Potential Benchmarks:
10% - There will be cases in which the use of Mohs Surgery is indicated based on unusual clinical presentation or pathological findings but not supported by the AUCs.

RATIONALE:
Mohs surgery is an effective and efficient treatment modality for non-melanoma skin cancer. The use of en face tissue processing with frozen histological sections during Mohs surgery enables complete examination and clearance of the tumor margins in a single day. Use of Mohs surgery has increased substantially over the past decade. 

Appropriate use criteria (AUC) have been developed to help guide the proper use of this surgical skin cancer treatment and to ensure that Mohs surgery is not over-utilized for low-risk tumors. The AUC criteria indicate that Mohs surgery treatment of truncal (chest, back, abdomen) superficial type basal cell carcinomas in immunocompetent patients is an inappropriate use of this treatment modality. Moreover, the routine use of less expensive treatment modalities such as traditional surgical excision, curettage and electrodesiccation destruction, and imiquimod topical therapy for low-risk, superficial type basal cell carcinoma on the trunk should result in savings for the healthcare system.
CLINICAL RECOMMENDATION STATEMENTS:
This measure will assess the percentage of immune-competent patients in which pathologically-proven primary SCCis lesions of any size on the trunk or SCC-KA lesions 1 cm or smaller on the trunk are treated with Mohs surgery. The lower the rate among dermatologists indicates better quality.

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