DOCUMENTATION TIPS

MIPS 440: Basal Cell Carcinoma (BCC)/ Squamous Cell Carcinoma (SCC):

Biopsy Reporting Time – Pathologist to Clinician

Electronic health records (EHRs) collect and organize notes, medication lists, and patient information using various formats. With providers also documenting this information in unique ways, this can potentially cause confusion and an increased timeline for measure mapping with DataDerm. This tip sheet can help you manage reporting requirements for performance measures and streamline standard documentation practices to allow seamless data pull into DataDerm.

The DataDerm team will work with you to connect DataDerm with your EHR to extract data. To make that as smooth as possible, it helps to document key elements of patient care. DataDerm cannot read scanned images of any kind, including scanned images for labs, letters to physicians, pathology reports, follow-up plans, and dates. If you have scanned images with information needed for your measures, please add a note in your chart with the date and required patient information for this data to be accurately collected.

This tip sheet can assist paper-based practices in standardizing documentation practices. Keeping notes in the patient's paper chart of all documentation requirements will assist you when reporting for this measure.

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For all patients, document the following in your notes:

- Current diagnosis of cutaneous basal carcinoma or squamous cell carcinoma (to include in situ disease):
    - ICD-10-CM code for patient procedure during performance period (C44.01, C44.02, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.41, C44.42, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.81, C44.82, C44.91, C44.92, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9)
    - CPT code for patient encounter during performance period (88304, 88305)
- Documentation of the results of the final pathology report
    - Pathologist/Dermatopathologist sends pathology results to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist
        - Note date tissue specimen was received
        - Note date pathology report was sent to the biopsying clinician
- If the pathologist/dermatopathologists is providing a second opinion on a biopsy, code G9784
- If the pathologist/dermatopathologists is the same clinician who performed the biopsy, code G9939

Additional Tips:

- Collect ***each time*** a biopsy is performed during the performance period.
- See measure specifications for additional codes that can assist in seamless measure mapping from your EHR to DataDerm, if applicable (e.g. G9785).

For more information, contact the American Academy of Dermatology:
WEBSITE: aad.org

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