

AAD 11: Skin Cancer Surgery: Post-Operative Complications

- National Quality Strategy Domain: Person & Caregiver Centered Experience & Outcomes

2022 COLLECTION TYPE: **QCDR MEASURE**

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percentage of procedures for basal cell carcinoma, squamous cell carcinoma, or melanoma (including in situ disease) with a post-operative complication including infection, bleeding, or hematoma following an excisional or Mohs surgery within 15 days of the procedure (inverse measure).

High Priority Measure: Yes

Meaningful Measure Area: Management of Chronic Conditions

Risk-Adjusted: No

Inverse Measure: Yes

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

Number of performance rates required for measure: 1st Performance Rate

Care Setting: Outpatient Services

INSTRUCTIONS:

This measure is to be reported by the clinician that performs excisional or Mohs surgery for cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease). 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. Note, this is an inverse measure where lower score indicates higher quality.

Measure Reporting via Registry

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:

All excisional or Mohs surgeries for cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ) within the reporting period.

Denominator Criteria (Eligible Cases):

Diagnosis for melanoma (ICD-10-CM): C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, 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

OR

Diagnosis for squamous cell carcinoma (ICD-10-CM): C44.02, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.221, C44.222, C44.229, C44.320, C44.321, C44.329, C44.42, C44.520, C44.521, C44.529, C44.621, C44.622, C44.629, C44.721, C44.722, C44.729, C44.82, C44.92

OR

Diagnosis for basal cell carcinoma (ICD-10-CM): C44.01, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.211, C44.212, C44.219, C44.310, C44.311, C44.319, C44.41, C44.510, C44.511, C44.519, C44.611, C44.612, C44.619, C44.711, C44.712, C44.719, C44.81, C44.91

OR

Diagnosis of in situ disease (ICD-10-CM): D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, 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, 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

AND

Excisional Surgery (CPT): 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

OR

Mohs Surgery (CPT): 17311, 17312, 17313, 17314, 17315

Denominator Exclusion: Patients with genetic or non-pharmacologic induced acquired bleeding disorders. These can include, but are not limited to:

Acquired or congenital platelet function defects (ICD-10): D69.1

Disseminated intravascular coagulation (DIC) (ICD-10): D65

Prothrombin deficiency (ICD-10): D68.52

Factor V, VII, VIII, IX, X or XI deficiency (ICD-10): D68.2

Glanzmann disease (ICD-10): D69.1

Hemophilia A (Factor VIII deficiency) (ICD-10): D66

Hemophilia B (Factor IX deficiency) (ICD-10): D67

Hemophilia C (Factor XI deficiency) (ICD-10): D68.1

Idiopathic thrombocytopenic purpura (ITP) (ICD-10): D69.3

Metabolic syndrome (ICD-10): E88.81, E88.89, E88.9

Von Willebrand disease (types I, II, and III) (ICD-10): D68.0

NUMERATOR:

Number of surgical site infection, bleeding, or hematoma formation within 15 days of an excision or Mohs surgery that required an intervention beyond standard wound care (e.g. direct pressure to stop bleeding).

Numerator Instructions: If a post-operative infection or bleeding event occurs, the operating clinicians is required to document them using the instructions below.

Numerator Criteria (eligible cases):

Post-operative complications: 10060, 10061, 10140, 10160, 10180, 21501, 23030, 23930, 25028, 26010, 26990, 27301, 27603

OR

Infection (ICD-10-CM): B95.61, B95.62, B95.7, B95.8, T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS

OR

Hematoma (ICD-10-CM): L76.31

OR

Bleeding (ICD-10-CM): L76.21

OR

Other postprocedural complications: L76.82

Definitions:

Bleeding- an intervention by the clinician beyond standard wound care, such as direct pressure to stop bleeding.

Hematoma – an intervention by the clinician beyond standard wound care, such as wrapping, elevation, drainage, and pain management.

Infection-

- Purulent drainage, with or without laboratory confirmation, from the superficial incision
- Pathogenic organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision
- At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat AND superficial incision is deliberately opened by the surgeon, unless incision is culture-negative
- An antibiotic prescribed for any of the above. This includes, but is not limited to: dicloxacillin, erythromycin, tetracycline, cephalexin, clindamycin, Bactrim DS, doxycycline, and minocycline

Numerator Options:**Performance Met:**

Patients who experienced a post-operative complication requiring intervention within 15 days of the surgical encounter

OR**Performance not Met:**

Patients who did not experience a post-operative complication requiring intervention within 15 days of the surgical encounter

RATIONALE:

The rate of surgical intervention for skin cancer has increased as the rate of diagnosed skin cancer has increased. Dermatologic surgical interventions for skin cancer are typically performed in the ambulatory clinical setting and represent a more cost-efficient model than equivalent procedures performed in dedicated surgical centers with general or regional anesthetic. Given perceived risks, state medical boards have increasingly regulated outpatient procedures.

Surgical guidelines often include the measurement of common surgical complications. Complications of outpatient skin cancer surgery include but are not limited to post-operative hemorrhage or infection. Previous studies both retrospective and prospective present a risk of hemorrhage ranging from 0.6% to 3%. Previous studies both retrospective and prospective present a risk of infection ranging from 0.1% to 2.3% in non-melanoma skin cancer). A complication rate of 2.6% has been discovered in Mohs surgery for treatment of melanoma. Patients with primary complications are at a higher risk (33%) of developing more severe secondary complications.

The standard of care for follow-up after a scalpel-based procedure or Mohs surgery is one to two weeks for stitch removal. Complications such as bleeding, hematoma, and infection are captured mostly via the post-operative follow-up appointment described previously. Additionally, most complications develop within one to two weeks.

This outcome measure evaluates the operating clinician's post-operative complication tracking system and complication rate. Inherent to the surgical follow-up protocol of many practices is the lack of the ability to capture patients that do not see the clinician that performed the procedure if a complication occurs. Oftentimes, when complications occur or when the patient is concerned about a potential complication, patients present to the emergency room or urgent care rather than to the clinician that performed the procedure where treatment was provided.

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