

AAD 11: Skin Cancer Surgery: Post-Operative Complications

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

2020 COLLECTION TYPE: **QCDR MEASURE**

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of basal cell carcinoma, squamous cell carcinoma, or melanoma (including in situ disease) with a post-operative complication including infection, bleeding, or hematoma following a scalpel-based surgical procedure or Mohs surgery within 15 days of the procedure.

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

INSTRUCTIONS:

This measure is to be reported by the clinician that performs scalpel-based surgical procedures 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.

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 patients, regardless of age, undergoing a scalpel-based surgical procedure or Mohs surgery for cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ) within the reporting period.

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

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

Patient encounter during reporting period (CPT): 17311, 17312, 17313, 17314, 17315, 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646

NUMERATOR:

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

Numerator Instructions: To satisfy this measure, an eligible clinician must include documentation of infection or bleeding.

Numerator Criteria (eligible cases):

Post-operative complications: 10060, 10061, 10140, 10160, 10180, 27603

OR

Infection (CPT): T81.40XX, T81.42XX, T81.49XX

OR

Hematoma (CPT): L76.01, L76.02, L76.21, L76.22, L76.31, L76.32, L76.81

Numerator Exclusion: Patients with genetic or non-pharmacologic induced acquired bleeding disorders.

Definitions:

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

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.

Numerator Options:**Performance Met:**

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

OR**Performance not Met:**

Patients who did not experience a post-operative complication 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).^{1, 2, 6, 7} A complication rate of 2.6% has been discovered in Mohs surgery for treatment of melanoma.⁷ Patients with primary complications are at a higher risk (33%) of developing more severe secondary complications.⁷

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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