

AAD 13: Mildly Atypical Dysplastic Nevi – Appropriate Non-Excision
- National Quality Strategy Domain: Efficiency and Cost Reduction

2022 COLLECTION TYPE:
QCDR MEASURES

MEASURE TYPE:
Process/Overuse

DESCRIPTION:

Percentage of procedures with histologically proven dysplastic nevus/mild atypia that are NOT excised by the biopsying physician and are NOT referred to others for excision.

High Priority Measure: Yes

Meaningful Measure Area: Appropriate Use of Healthcare

Risk-Adjusted: No

Inverse Measure: No

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 for every histologically proven dysplastic nevus with mild atypia found by biopsy during the reporting period.

This measure is to only be reported on by the clinician that biopsied the dysplastic nevus with mild atypia. If the provider who performed the biopsy and the provider who performed the excision are different, the biopsying clinician is responsible for reporting. To meet this measure, the grade and disposition must be reported in the medical chart.

This measure is for mild dysplastic/atypical nevi. Please note that this measure does not make any recommendations regarding the treatment of mild-to-moderate, moderate, or severely dysplastic/atypical nevi. For purposes of this measure, mildly dysplastic nevi or mild atypia can be used interchangeably.

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 diagnoses of histologically proven dysplastic nevus/mild atypia.

Denominator Criteria (Eligible Cases):

Biopsy (CPT): 11102, 11103, 11104, 11105, 11106, 11107, 40490, 40808, 41108, 54100, 56605, 57100, 57105, 67810, 69100

OR

Shave removals (CPT): 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313

AND

Diagnosis for neoplasm of uncertain behavior (ICD-10-CM): D48.5, D49.2

AND

Documentation that the atypia is mild and not mild to moderate, moderate, or severe

Denominator Exclusion(s):

- Histologically proven dysplastic nevus that are mild to moderate, moderate, or severe

Denominator Exception:

- A dysplastic nevus with mild atypia is excised and a more concerning lesion is found when evaluating the histology of the excision specimen.

Definition:

- **Mildly dysplastic nevus/mild atypia:** an acquired atypical melanocytic proliferation whose grade of melanocyte atypia has been graded as mild. The National Institutes of Health consensus conference recommended dysplastic nevi be assigned a grade of melanocyte atypia as mild, moderate, or severe. Please note that this does NOT include atypia graded as mild to moderate nor does this measure apply to other grading scales of atypical nevi.

NUMERATOR:

Cases where excision is NOT performed by the biopsying practitioner and is NOT referred for excision of a histologically proven dysplastic nevus with mild atypia.

Numerator Criteria:

Excision (CPT): 11400, 11401, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446

Numerator Note:

The actions below indicate where a referral or excision would be appropriate and are considered instances where the numerator performance is met.

- Pathology report states that an excision is recommended for any reason.
- The provider documents that they have deferred making a clinical recommendation and have referred the patient to another provider to make the treatment recommendation to the patient.
- The patient has the lesion excised despite the biopsying provider not recommending an excision, as documented in the medical record.

Numerator Options:

Performance Met:

Mildly atypical dysplastic nevus was not excised or not referred to another provider for excision

OR

Denominator Exception:

A dysplastic nevus with mild atypia is excised and a more concerning lesion is found when evaluating the histology of the excision specimen.

OR

Performance Not Met:

Mildly atypical dysplastic nevus is excised by the provider or referred to another provider for excision

RATIONALE:

Current data shows that dysplastic nevi with mild atypia should not be excised. This measure is an accountability measure that reinforces cost effective care and focuses on the recommendation given by the clinician that biopsied the lesion. There is consensus among dermatologists that dysplastic nevi with mild atypia should not be further excised, with some exceptions. It has been previously reported that dysplastic nevi transform into melanoma at a rate of 1:10,000.⁵ The risk of melanoma in mildly dysplastic nevi is very low, and therefore, these patients should be monitored clinically instead of routine surgical excision.

There is considerable variation in the quality of care delivered in the United States. This variability is also present in the recommendation of treatment of dysplastic nevi. Dysplastic nevi may be described in terms of degree of atypia and/or dysplasia. Dysplastic nevi are benign nevi but, depending on their degree of atypia, may warrant a definitive excision. Current data indicates that mildly dysplastic nevi should not be re-excised as they pose nearly no danger to the patient. Despite literature support to the contrary, some care providers still recommend excision for these benign lesions. A recommendation for excision introduces unnecessary morbidity and cost to the patient and the health care system.

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