

FREQUENTLY ASKED QUESTIONS

MIPS 138: Melanoma: Coordination of Care FAQ

Is this measure reportable via claims?

No.

What does “communicated to the physician(s) providing continuing care” mean if we are the physicians providing the continuing care?

The intent of this measure is to ensure care is being coordinated between providers. If the primary care physician is referring the patient to a dermatologist, then the treatment plan must be documented. If a patient was referred to you and you are providing the continuing care, it should be documented in the medical record along with follow-up.

Do I need patients for both criteria? If I have eligible patients for criteria 1 & 2 how will that be scored?

No, you do not need patients for both reporting options. The patient will qualify into one of those reporting options. Each criteria is measured separately in DataDerm. You will receive one score for the measure.

Why do patients seen after November 30th not qualify? What if the melanoma diagnosis is provided less than 1 month after the encounter date? Would this patient then qualify even if they were seen after November 30th?

The continuing care needs to be provided within one month of diagnosis. A patient seen after November 30 would not qualify, as there may not be enough time to provide the diagnosis.

Can I report on this measure if the patient has a history of melanoma?

If the patient has a history of melanoma, and a new melanoma lesion is discovered, then they are eligible for this measure. The measure is reportable for every new occurrence. If it is a new occurrence of melanoma, you would use a new melanoma code and not the history of melanoma code.

Do I need to report this measure every time a patient comes into the office?

Yes, the measure must be reported for every eligible encounter.

How do I distinguish between each reporting criteria?

Criteria 1 is for physicians who perform the excision. Criteria 2 is for physicians who do not perform the excision and have patients come back into the office.

Can this measure be reported for melanoma in situ?

Melanoma in situ is reportable for this measure via the ICD-10 codes.

Is it only a new lesion of melanoma in 2019 or does it have to be there first occurrence of melanoma?

It is a new occurrence of melanoma. It does not have to be the first occurrence.

Can you elaborate on what the communication process is for this measure? Who is the communication from?

Communication is to the physician providing continuing care to the patient. Communication may include:

- Documentation in the medical record that the physician(s) treating the melanoma communicated (e.g., verbally, by letter, copy of treatment plan sent) with the physician(s) providing the continuing care.
- A copy of a letter in the medical record outlining whether the patient was or should be treated for melanoma.

For more information, contact the American Academy of Dermatology:
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