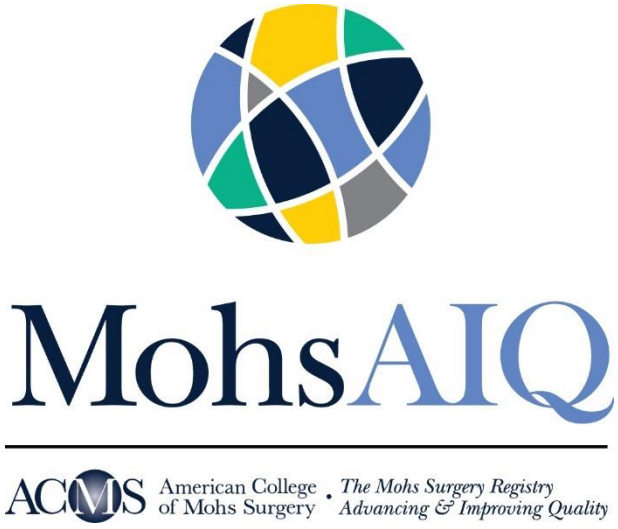

MohsAIQ QCDR 2020 MIPS Measure Detail

Contents

ACMS1: Adherence to Mohs Micrographic Surgery Appropriate Use Criteria

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of Mohs micrographic surgery cases that meet criteria according to published Mohs surgery appropriate use criteria (AUC) guidelines.

NQS Domain: Efficiency and Cost Reduction
Measure Type: Efficiency and Cost/Resource Use
Meaningful Measure Area: Appropriate use of Healthcare
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: All cases of Mohs micrographic surgery (MMS) performed regardless of patient age or gender (as defined by initial Mohs surgery stage codes 17311 or 17313).

Denominator Exclusions: Cases of Mohs micrographic surgery for which the Mohs AUC score is not defined, including invasive malignant melanoma cases.

Denominator Exceptions: None

Numerator: Number of Mohs micrographic surgery cases (as defined by denominator) regardless of patient age or gender for which the lesion treated and clinical scenario meet AUC appropriate criteria with an AUC score of 4-9.

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Appropriate Use
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS2: Closing the Mohs Surgery Referral Loop: Transmission of Surgical Report

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of Mohs micrographic surgery cases or Mohs surgical defect reconstruction cases for which the reconstruction was performed by a different surgeon than the Mohs surgeon, regardless of patient age, for which a report is sent from the treating provider to the referring provider within 30 days.

NQS Domain: Communication and Care Coordination
Measure Type: Process
Meaningful Measure Area: Transfer of Health Information and Interoperability
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: Any Mohs micrographic surgery case that has been referred for skin cancer treatment from an outside provider OR any Mohs surgical defect reconstruction for which the reconstruction was performed by a different surgeon than the Mohs surgeon.

1. Mohs surgery cases - Patients regardless of age on the date of the encounter AND Patient encounter during the performance period with CPT coding: 17311 or 17313 AND Patient was referred by another provider or specialist for treatment of the skin cancer undergoing Mohs surgery.

2. Mohs surgery defect reconstruction – Patients regardless of age on the date of the encounter AND previous Mohs surgery by a different physician than the reconstructing surgeon resulting in referral for defect reconstruction AND Patient encounter during the performance period with CPT coding: 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14350, 15050, 15100,15120, 15200, 15220, 15240, 15260, 15570, 15572, 15574, 15576, 40525, 40527, 15731, 15733, 15740, 15760, 67971, 67973, 67974, 67975.

Denominator Exclusions: Encounters referred from providers from within the same practice or with direct access to the patient's paper or electronic medical record.

Denominator Exceptions: None

Numerator: Any Mohs micrographic surgery case that has been referred for skin cancer treatment from an outside provider or any Mohs surgical defect reconstruction case for which the reconstruction was performed by a different surgeon than the Mohs surgeon for which a surgical report is sent to the referring provider within 30 days of the surgery date of service.

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Care Coordination
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS3: Antibiotic Prophylaxis for High Risk Cardiac / Orthopedic Cases prior to Mohs micrographic surgery - Prevention of Overuse

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of cases of Mohs surgery in which preoperative prophylactic antibiotics were provided for which the patient had cardiac / orthopedic prophylaxis indications for preoperative antibiotics.

NQS Domain: Patient Safety
Measure Type: Process
Meaningful Measure Area: Healthcare-associated Infections
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: All Mohs surgery cases in patients, regardless of age or gender, who received preoperative prophylactic antibiotics associated with their Mohs procedure during the performance period (CPT or HCPCS): 17311 or 17313

Denominator Exclusions: None

Denominator Exceptions: None

Numerator: All Mohs surgery cases in patients, regardless of age or gender, at high risk of infective endocarditis and/or hematogenous total joint infection with high risk surgical site with documentation that preoperative antibiotic was administered prior to the surgery. Numerator instructions: Of cases defined in denominator, all cases for which the patient received preoperative antibiotic will be reported.
Definitions:
1. High risk for infective endocarditis
- Prosthetic heart valve
- Previous infective endocarditis
- Congenital heart disease (CHD)
    - Unrepaired cyanotic CHD, including palliative shunts and conduits
    - Completely repaired congenital heart defects with prosthetic material or device, whether placed by a surgical or catheter intervention, during the first 6 months after procedure
    - Repaired CHD with residual defects at site or adjacent to site of prosthetic patch or prosthetic device (which inhibits endothelialization)
- Cardiac transplant patients who have developed cardiac valvulopathy

2. Definition: High risk for hematogenous total joint infection
- First 2 years following joint replacement

- Previous prosthetic joint infection
- Total joint replacement with any of the following:
    - Immunocompromised/immunosuppressed patients
    - Insulin dependent diabetes (type 1)
    - HIV infection
    - Malignancy
    - Malnourishment
    - Hemophilia

3. High Risk Surgical Site – surgical site that breaches the oral mucosa or involves infected skin

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Patient Safety
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS4: Surgical Site Infection Rate - Mohs Micrographic Surgery

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of cases of Mohs surgery that develop a surgical site infection. This measure is to be reported each time a procedure for a Mohs surgery is performed whether or not a surgical site infection develops during the performance period.

NQS Domain: Patient Safety
Measure Type: Outcome
Meaningful Measure Area: Healthcare-associated Infections
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: Yes

Denominator: All Mohs surgery cases, regardless of patient age or gender, during the performance period (CPT): 17311 or 17313

Denominator Exclusions: None

Denominator Exceptions: None

Numerator: All Mohs surgery cases, regardless of patient age or gender, during the performance period that develop a superficial incisional surgical site infection. - Definition: Superficial incisional SSI is an infection that occurs within 30 days after the operation and infection involves skin or subcutaneous tissue of the incision and at least one of the following:

- Purulent drainage, with or without laboratory confirmation
- 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, erythema, heat
- Diagnosis of superficial incisional SSI by the surgeon or attending physician

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Outcome
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS5: Documentation of High-Risk Squamous Cell Carcinoma Stage in Mohs Micrographic Surgery Record

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of Mohs surgery cases for high risk cutaneous squamous cell carcinoma (SCC) of the head and neck for which America Joint Committee on Cancer (AJCC) 8th edition staging, that was documented in the medical record. For these purposes high-risk is defined as a tumor stage greater than T2.

NQS Domain: Communication and Care Coordination
Measure Type: Process
Meaningful Measure Area: Transfer of Health Information and Interoperability
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: All Mohs surgery cases ((CPT or HCPCS): 17311) with the diagnosis of squamous cell carcinoma (ICD-10-CM: C44.02, C44.22, C44.32, C44.42) regardless of patient age or gender, that meet AJCC8 criteria for a high-risk SCC (stage greater than or equal to T2) encountered within the performance period.

Denominator Exclusions:

- Squamous cell carcinoma <2cm in diameter.
- Squamous cell carcinoma in non-head and neck locations where the current 8th edition of the AJCC does not apply (ICD-10-CM): C44.52, C44.62, C44.72, C44.82, C44.92). Or Squamous cell carcinoma of the eyelid (ICD-10-CM): C44.12, which has an alternative AJCC 8 staging criteria dictated by size and depth of invasion rather than histologic diagnosis.

Denominator Exceptions: None

Numerator: Number of Mohs surgery cases for high-risk head and neck cutaneous squamous cell carcinoma cases (as defined above) regardless of patient age or gender for which an AJCC 8th edition T stage is documented

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Care Coordination
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS6: Management of perioperative anticoagulation with Mohs micrographic surgery

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of Mohs micrographic surgery cases performed on patients on anticoagulant medication for whom perioperative anticoagulation was continued during Mohs surgery.

NQS Domain: Patient Safety
Measure Type: Process
Meaningful Measure Area: Medication Management
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: All Mohs micrographic surgery cases (MMS) (as defined by Mohs surgery codes 17311 and 17313), regardless of patient age or gender, whom are taking prescription anticoagulants.

Anticoagulants include:

- Antiplatelet agents: aspirin (ASA), clopidogrel, dipyridamole, prasugrel, ticagrelor, ticlopidine
- Vitamin K antagonists: warfarin
- Direct thrombin inhibitors: dabigatran
- Direct factor Xa inhibitors: rivaroxaban, apixaban, edoxaban, bertrixaban

Denominator Exclusions: -Cases where continuation of perioperative anticoagulation is deemed too dangerous and is stopped INCLUDING documentation of discussion of discontinuation of perioperative anticoagulation with another physician.
-Patient taking warfarin, with a supratherapeutic INR

Denominator Exceptions: Patients who are taking aspirin (ASA) without a prescriber's recommendation / prescription

Numerator: Number of MMS cases (as defined by denominator) regardless of patient age or gender for which the patient continued anticoagulant therapy

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Patient Safety
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ACMS7: Non-Opioid Pain Management Following Mohs micrographic surgery

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of cases of Mohs surgery who received a prescription for opioid / narcotic pain medication (prescription prior to or at the time of surgical discharge from the Mohs surgeon) following Mohs micrographic surgery.

NQS Domain: Patient Safety
Measure Type: Process
Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: Yes

Denominator: All Mohs surgery cases in patients, regardless of age or gender. All Mohs surgery cases with patient encounter during the performance period (CPT or HCPCS): 17311 or 17313.

Denominator Exclusions:

- Patients who have medical comorbidities which preclude the use of non-opioid analgesics and have been advised by physicians to avoid them, such as: NSAIDS (i.e. ibuprofen, naproxsyn) and acetaminophen.
    - Advanced renal dysfunction
    - Advanced liver dysfunction
    - History of bleeding peptic ulcer
- Patient's with documented allergy to non-opioid analgesics
- Patients who require additional pain relief despite a trial of non-opioid analgesia

Denominator Exceptions: None

Numerator: All Mohs surgery cases in patients, regardless of age or gender, who received a prescription for opioid pain medication prior to or at the time of surgical discharge from the Mohs surgeon.

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Opioid-related Measure
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ASPS22: Coordination of Care for Anticoagulated Patients Undergoing Reconstruction After Skin Cancer Resection

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of patients aged 18 and older on prescribed anticoagulation medication who underwent reconstruction after skin cancer resection (in any setting) and preoperative modification* to their anticoagulant(s) regimen, who had documentation of coordinated care** prior to their procedure.

NQS Domain: Communication and Care Coordination
Measure Type: Process
Meaningful Measure Area: Medication Management
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: No

Denominator: All patients aged 18 and older on prescribed anticoagulation medication who underwent reconstruction after skin cancer resection (in any setting) and preoperative modification* to their anticoagulant(s) regimen

*Modification is indicated by change, reduction, or discontinuation of the current anticoagulant medication(s)

Age > 18 years

AND

CPT® for Encounter:
14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
14301, 14350
15050
15100,15120
15200, 15220, 15240, 15260
15570, 15572, 15574, 15576
40525, 40527
15730, 15731, 15733, 15740, 15760
67971, 67973, 67974, 67975

AND

ICD-10 Codes for most common skin cancers:
C43-C44

D03-D04

AND
Modification* to the anticoagulant(s) regimen

Denominator Exclusions: Patient reason exceptions such as patients who choose to stop therapy on their own or by other physician recommendation, or who do not have a current physician managing their medication

Denominator Exceptions: None

Numerator: Patients who had documentation of coordinated care** prior to their procedure.

**Documentation of coordinated care = documentation of discussion with physician currently managing the anticoagulation therapy (such as a cardiologist or primary care physician)

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Care Coordination
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ASPS24: Visits to the ER or Urgent Care Following Reconstruction After Skin Cancer Resection

Measurement Period: January 1, 2020 to December 31, 2020

Description: Part 1: Percentage of patients aged 18 and older who underwent reconstruction after skin cancer resection who were asked* within 30 days of their procedure whether they visited the ER or Urgent Care within 7 days of their procedure, for a reason related to the reconstruction after skin cancer resection surgery.

Part 2: Percentage of patients, aged 18 and older who underwent reconstruction after skin cancer resection and were asked within 30 days of the procedure about visiting the ER, who visited the ER or Urgent Care within 7 days of their procedure for a reason related to the reconstruction after skin cancer resection surgery. (only Part 2 is intended to be reported for accountability, but Part 1 must be completed)

NQS Domain: Efficiency and Cost Reduction
Measure Type: Outcome
Meaningful Measure Area: Appropriate use of Healthcare
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: Yes

Denominator: Part 1: All patients aged 18 and older who underwent reconstruction after skin cancer resection

Part 2: All patients aged 18 and older who underwent reconstruction after skin cancer resection and were asked within 30 days of the procedure about visiting the ER

Age > 18 years

AND

CPT® for Encounter:
14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
14301, 14350
15050
15100,15120
15200, 15220, 15240, 15260
15570, 15572, 15574, 15576
15730, 15731, 15733, 15740, 15760
40525, 40527

67971, 67973, 67974, 67975

AND

ICD-10 Codes for most common skin cancers:
C43-C44
D03-D04

AND (for Part 2 only)
Patients who were contacted within 30 days of their procedure to determine whether they visited the ER or Urgent Care within 7 days of their procedure for a reason related to the reconstruction after skin cancer resection surgery

Denominator Exclusions: None

Denominator Exceptions: None

Numerator: Part 1: Patients who were asked* within 30 days of their procedure whether they visited the ER or Urgent Care within 7 days of their procedure for a reason related to the reconstruction after skin cancer resection surgery.

* Patients can be asked at a follow-up visit or by phone or HIPPA Secure Messaging.

Part 2: Patients who visited the ER or Urgent Care within 7 days of their procedure for a reason related to the reconstruction after skin cancer resection surgery

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Outcome
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No

ASPS25: Avoidance of Post-operative Systemic Antibiotics for Office-based Reconstruction After Skin Cancer Resection Procedures

Measurement Period: January 1, 2020 to December 31, 2020

Description: Percentage of patients aged 18 and older who underwent reconstruction after skin cancer resection in the office-based* setting who were prescribed post-operative systemic antibiotics to be taken immediately following reconstruction surgery (inverse measure)

NQS Domain: Effective Clinical Care
Measure Type: Process
Meaningful Measure Area: Appropriate use of Healthcare
Risk-Adjusted: No
Number of performance rates required for measures: 1
Inverse measure: Yes

Denominator: All patients aged 18 and older who underwent reconstruction after skin cancer resection in the office-based* setting

*Office based: not billed with an ASC or inpatient facility code

Age > 18 years

AND

CPT® for Encounter:
14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
15100,15120
15200, 15220, 15240, 15260
15570, 15572, 15574, 15576
15740, 15760
40525, 40527
67971, 67973, 67974, 67975

AND

ICD-10 Codes for most common skin cancers:
C43-C44
D03-D04

AND
Place of Service Code: 11 (office)

Denominator Exclusions: Patients presenting for reconstruction after skin cancer resection with Cancer involving the lower extremity or who receive cartilage grafting

Denominator Exceptions: Medical reason exceptions for patients with wounds breaching the oral, nasal, genitourinary or anal mucosa; immunosuppressed patients (such as those on immunosuppressive medications); patients with lymphedema; on antibiotics prescribed by another physician; or exposed cartilage/bone; Clinical evidence of infection at the surgical site at time of reconstruction

Numerator: Patients who were prescribed post-operative systemic antibiotics to be taken immediately following surgery (inverse measure)

Numerator Exclusions: None
High Priority: Yes
High Priority Type: Appropriate Use
Continuous Variable: No
Proportional Measure: Yes
Ratio Measure: No