



MohsAIQ

ACMS American College of Mohs Surgery *The Mohs Surgery Registry  
Advancing & Improving Quality*

MohsAIQ QCDR  
2021 MIPS  
Measure Detail

Update 1-6-2021

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

**Measurement Period:** January 1, 2021 to December 31, 2021

**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

**Care setting:** Outpatient Services

**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, 2021 to December 31, 2021

**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

**Care setting:** Outpatient Services

**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, 2021 to December 31, 2021

**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

**Care setting:** Outpatient Services

**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, 2021 to December 31, 2021

**Description:** Percentage of Mohs surgery cases for high risk cutaneous squamous cell carcinoma (SCC) of the head and neck for which American 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

**Care setting:** Outpatient Services

**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



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## ACMS8: Limit quantity of opioids prescribed for pain management in patients following Mohs Micrographic Surgery

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure description-** Percentage of patients prescribed opioids for pain management following Mohs surgery who received ten or fewer pills.

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

**Description of the numerator-** The number of Mohs cases for which the patient prescribed opioids received ten or fewer pills and no refills.

**Description of denominator exclusions-** Patients who are already on an opioid prior to the surgery; patients undergoing the following same day reconstruction procedures: Abbe-Estlander flap, 40527; Adjacent tissue transfer >30cm<sup>2</sup>, any area, 14301; Filleted finger or toe flap, 14350; Paramedian forehead flap, 15731. Patients with Mohs surgical involvement of the fingertip or toe.

**Descriptions of the denominator exceptions-**None

**Description of numerator exclusions-**None

**National Quality Forum (NQF) number, if applicable-**NA

**High priority status-**Yes, Opioid-related measure

**Measure type-**Process

**National Quality Strategy (NQS) domain-**Patient safety

**Meaningful measure area-** Prevention and Treatment of Opioid and Substance Use Disorders

**Care setting(s) to include Telehealth, if applicable-**Outpatient Services

**Number of performance rates required for measures-**1

**Traditional vs. inverse measure-**Traditional

**Proportional, continuous variable, and/or ratio measure indicator-**Proportional

**Risk adjustment, if applicable-**NA

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

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure 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.

**Descriptions of the 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

**Description of the 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)

**Descriptions of the denominator exceptions-** 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 exclusions and numerator exclusions-** None

**National Quality Forum (NQF) number, if applicable-**NA

**High priority status-**Yes, Care Coordination

**Measure type-**Process

**National Quality Strategy (NQS) domain-**Communication and care coordination

**Meaningful measure area-**Medication Management

**Care setting(s) to include Telehealth, if applicable-**Ambulatory care clinician office/clinic

**Number of performance rates required for measures-**1

**Traditional vs. inverse measure-**Traditional

**Proportional, continuous variable, and/or ratio measure indicator-**Proportional

**Risk adjustment, if applicable-NA**

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

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure 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)

**Descriptions of the 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

**Description of the 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

**Descriptions of the denominator exceptions-**None

**Denominator exclusions and numerator exclusions-** None

**National Quality Forum (NQF) number, if applicable-**NA

**High priority status-**Yes, Outcome

**Measure type**-Outcome

**National Quality Strategy (NQS) domain**-Efficiency and Cost Reduction

**Meaningful measure area**-Appropriate use of Healthcare

**Care setting(s) to include Telehealth, if applicable**-Ambulatory Care Clinician Office/Clinic

**Number of performance rates required for measures**-1

**Traditional vs. inverse measure**-Inverse

**Proportional, continuous variable, and/or ratio measure indicator**-Proportional

**Risk adjustment, if applicable**-NA

## ASPS27: Avoidance of Post-operative Systemic Antibiotics for Office-based Closures and Reconstruction After Skin Cancer Resection Procedures

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure Description-** Percentage of procedures in patients aged 18 and older with a diagnosis of skin cancer who underwent intermediate layer or complex linear closure or 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)

This measure is stratified by intermediate layer or complex linear closure or reconstructive procedures.

**Description of the denominator-** All patients aged 18 and older with a diagnosis of skin cancer who underwent intermediate layer or complex linear closure or reconstruction after skin cancer resection in the office-based\* setting

Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Strata 2: Reconstruction after skin cancer resection

Strata 3: Intermediate layer and complex linear closures AND reconstruction after skin cancer resection in the office-based setting (Weighted average of Strata 1 and 2)

\*Office based: not billed with an ASC or inpatient facility code; Age > 18 years AND

Strata 1: CPT for Encounter Intermediate layer and complex linear closures

12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, , 13120, 13121, , 13131, 13132, , 13151, 13152 OR

Strata 2: CPT® for Encounter Reconstruction 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 15050, 15100, 15120, 15200, 15220, 15240, 15260, 15740 and ICD-10 Codes for most common skin cancers: C43-C44, D03-D04 and Place of Service Code: 11 (office)

Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2 + numerator 3)/(denominator 1 + denominator 2 + denominator 3), not the average of the performance rates

**Description of the numerator-** Patients who were prescribed post-operative systemic antibiotics to be taken immediately following surgery (inverse measure)

**Descriptions of the denominator exclusions-** Surgical sites at intrinsically high risk of infection – lower extremities and intertriginous areas (groin, genitalia, perianal, axilla)

Surgical reconstructions at intrinsically higher risk of infection – flaps greater than 30 square cm, full thickness skin grafts greater than 20 square cm, multistage interpolation flaps, wedge reconstructions of ear, reconstructions requiring 2 or more repair types (flap and graft), cartilage or composite graft, or repair of exposed cartilage or bone

Codes for exclusion of skin cancer on lower legs, for which procedures have a higher risk of infection.

ICD-10 Codes: BCC – C44.711, C44.712, C44.719; SCC – C44.721, C44.722, C44.729; MM – C43.70, C43.71, C43.72; MMIS – D03.70, D03.71, D03.72; SCCIS – D04.70, D04.71, D04.72

Cartilage grafts: 21230, 21235, 20910, 20912

**Denominator exceptions-** Medical reason exceptions include patients with a history of:

1. Lymphedema I89.0, I89.1, I89.8, I89.9
2. History of immunosuppressive medications Z92.24
3. Immunodeficiency syndromes D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9
4. HIV B20
5. Underlying disease with high risk of surgical site infection – chronic inflammatory skin disease (such as psoriasis and atopic dermatitis) or documented staph aureus carrier
6. Clinical evidence of infection at the surgical site at time of reconstruction, defined as:
  - Purulent drainage, with or without laboratory confirmation, from the surgical site
  - Pathogenic organisms isolated from culture of fluid or tissue from the surgical site
  - At least one of the following signs or symptoms of infection at the surgical site: pain or tenderness, localized swelling, redness, or heat.
  - An existing antibiotic prescription from another provider based on the diagnosis of infection at the surgical site.
  - Underlying disease with high risk of surgical site infection – chronic inflammatory skin disease (such as psoriasis and atopic dermatitis) or documented staph aureus carrier status or patient history of 3 or more surgical site infections, presence of lymphedema, history of immunodeficiency or immunosuppression

**Numerator exclusions-** None

**National Quality Forum (NQF) number, if applicable-**NA

**High priority status-**Yes, Appropriate Use

**Measure type**-Process

**National Quality Strategy (NQS) domain**-Effective Clinical Care

**Meaningful measure area**-Appropriate Use of Healthcare

**Care setting(s) to include Telehealth, if applicable**-Ambulatory Care Clinician Office/Clinic

**Number of performance rates required for measures**-3, Rate 1: Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Rate 2: Strata 2: Reconstruction after skin cancer resection

Rate 3: Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates  
Traditional vs. inverse measure-Inverse

**Proportional, continuous variable, and/or ratio measure indicator**-Proportional

**Risk adjustment, if applicable**-NA

## ASPS28: Continuation of Anticoagulation Therapy in the Office-based Setting for Closure and Reconstruction after Skin Cancer Resection Procedures

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure Description-**Percentage of procedures in patients, aged 18 and older with a diagnosis of skin cancer, on prescribed anticoagulation therapy, who had intermediate layer and/or complex linear closures OR reconstruction after skin cancer resection performed in the office-based setting where anticoagulant therapy was continued prior to surgery. This measure is stratified by intermediate layer or complex linear closures AND reconstructive procedures.

**Descriptions of the denominator-**All procedures in patients aged 18 and older with a diagnosis of skin cancer, on prescribed anticoagulation therapy, who underwent:

Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Strata 2: Reconstruction after skin cancer resection

Strata 3: Intermediate layer and complex linear closures AND reconstruction after skin cancer resection in the office-based setting (Weighted average of Strata 1 AND 2)

Age > 18 years AND On prescribed anticoagulant therapy to include aspirin (ASA), clopidogrel, dipyridamole, prasugrel, ticagrelor, ticlopidine, warfarin, dabigatran, rivaroxaban, apixaban, edoxaban, bertrixaban AND

Strata 1: CPT for Encounter Intermediate layer and complex linear closures 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, , 13120, 13121, 13131, 13132, , 13150, 13151, 13152, OR

Strata 2: CPT® for Encounter Reconstruction 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 15050, 15100, 15120, 15200, 15220, 15240, 15260, 15570, 15572, 15574, 15576, 15740, 40525, 40527 and ICD-10 Codes for most common skin cancers: C43-C44, D03-D04 and Place of Service Code: 11 (office)

Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates

**Description of the numerator-**Patients for whom anticoagulant therapy was continued prior to surgery

**Descriptions of the denominator exceptions-** Medical reason exceptions such as consultation with managing physician which resulted in medication modification; Patients who are taking aspirin (ASA) without a prescriber's recommendation / prescription; Patient taking warfarin, with a supratherapeutic INR



**Denominator and numerator exclusions**-None

**National Quality Forum (NQF) number, if applicable**- NA

**High priority status**-Yes, Patient safety

**Measure type**-Process

**National Quality Strategy (NQS) domain**-Patient Safety

**Meaningful measure area**-Preventable healthcare Harm

**Care setting(s) to include Telehealth, if applicable**-Ambulatory Care Clinician Office/clinic

**Number of performance rates required for measures**-3, Rate 1: Strata 1: Intermediate layer or complex linear closures after skin cancer resection; Rate 2: Strata 2: Reconstruction after skin cancer resection; Rate 3: Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates

**Traditional vs. inverse measure**-Traditional

**Proportional, continuous variable, and/or ratio measure indicator**-Proportional

**Risk adjustment, if applicable**-NA

## ASPS29: Avoidance of Opioid Prescriptions for Closure and Reconstruction After Skin Cancer Resection

**Measurement Period:** January 1, 2021 to December 31, 2021

**Measure Description-** Percentage of procedures in patients, aged 18 and older with a diagnosis of skin cancer, who had intermediate layer and/or complex linear closures OR reconstruction after skin cancer resection where opioid/narcotic therapy\* was prescribed as first line therapy (as defined by a prescription in anticipation of or at time of surgery) for post-operative pain management by the reconstructing surgeon. (Inverse measure)

**Description of the denominator-** All procedures in patients aged 18 and older with a diagnosis of skin cancer where intermediate layer and/or complex linear closures OR reconstruction after skin cancer resection were performed

Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Strata 2: Reconstruction after skin cancer resection

Strata 3: Intermediate layer and complex linear closures AND reconstruction after skin cancer resection in the office-based setting (Weighted average of Strata 1 AND 2); Age > 18 years AND

Strata 1: CPT for Encounter Intermediate layer and complex linear closures; 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, , 13120, 13121, , 13131, 13132, , 13150, 151, 13152 OR

Strata 2: CPT® for Encounter Reconstruction; 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 15100, 15120, 15200, 15220, 15240, 15260, 15570, 15572, 15574, 15576, 15730, 15740, 67971, 67973, 67974, 67975 and ICD-10 Codes for most common skin cancers: C43-C44, D03-D04

Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates

**Description of the numerator-** Patients who were prescribed opioid/narcotic therapy\* as first line treatment (as defined by a prescription in anticipation of or at time of surgery) for post-operative pain management by the reconstructing surgeon. (Inverse measure)

\*List of narcotic/opioid medications included: morphine, oxycodone, fentanyl, oxymorphone, hydromorphone, buprenorphine, meperidine, codeine, butorphanol, tramadol, levorphanol, sufentanil, pentazocine, tapentadol, hydrocodone

**Descriptions of the denominator exceptions-** 1. Medical reason exception for patients who cannot take non-opioid pain medications (patients with chronic kidney disease, COPD, allergy to non-steroidal anti-inflammatory medications and acetaminophen or documented contraindication to non-steroidal anti-inflammatory medications and acetaminophen, cirrhosis/liver disease)

2. Number of surgical sites – greater than 3 skin cancer sites treated or reconstructed in one day of service)

**Denominator exclusions-** 1. Location exclusion due to high tension closure and anticipated exceptional postsurgical pain (lower extremity, scalp, ear, genitals, perineum, lip, and nail unit)

2. Surgical procedures associated with anticipated exceptional post surgical pain (flaps greater than 30 square cm, split thickness skin grafts greater than 10 square cm, paramedian forehead flap, composite graft)

**Numerator exclusions-**None

**National Quality Forum (NQF) number, if applicable:** NA

**High priority status-**Yes, Opioid-related measure

**Measure type-**Process

**National Quality Strategy (NQS) domain-**Patient safety

**Meaningful measure area-**Prevention and treatment of opioid and substance use disorders

**Care setting(s) to include Telehealth, if applicable-**Ambulatory care hospital

**Number of performance rates required for measures-**3, Rate 1: Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Rate 2: Strata 2: Reconstruction after skin cancer resection

Rate 3: Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates

**Traditional vs. inverse measure-**Inverse

**Proportional, continuous variable, and/or ratio measure indicator-**Proportional

**Risk adjustment, if applicable-** NA

G:ACMS/Registry/Measures/2021 MohsAIQ-QCDR Measure Details

12-23-20