

▲ Measure #224: Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:

Percentage of patients, regardless of age, with Stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies have been ordered related to the melanoma diagnosis

INSTRUCTIONS:

This measure is to be reported once per reporting period for patients with stage 0-IA Melanoma who are seen for an office visit during the reporting period. This measure is intended to reflect the quality of services provided for the primary management of patients with stage 0-IA Melanoma who have an office visit during the reporting period.

Measure Reporting via Registry

ICD-9-CM diagnosis codes, CPT 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. Do not report this measure via claims.

DENOMINATOR:

All patients, regardless of age, with stage 0 or IA melanoma, seen for an office visit during the one-year measurement period

Denominator Criteria (Eligible Cases):

Diagnosis for melanoma (ICD-9-CM): 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, V10.82

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR:

Patients with stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies have been ordered related to the melanoma diagnosis

Numerator Instructions: Only patients with Melanoma Stage 0 or IA will be counted in this measure for performance.

Definition:

Diagnostic Imaging Studies – include CXR, CT, Ultrasound, MRI, PET, and nuclear medicine scans. Ordering any of these imaging studies during the one year measurement period is considered a failure of the measure, unless a justified reason is documented through use of a medical or system reason for exclusion.

Numerator Options:

None of the following diagnostic imaging studies ordered: chest x-ray, CT, ultrasound, MRI, PET, and nuclear medicine scans (3320F)

AND

AJCC Cancer Stage 0 or IA Melanoma, documented (3321F)

OR

Documentation of medical reason(s) for ordering diagnostic imaging studies (3319F *with* 1P)

OR

Documentation of system reason(s) for ordering diagnostic imaging studies (3319F *with* 3P)

AND

AJCC Cancer Stage 0 or IA Melanoma, documented (3321F)

OR

If patient is not eligible for this measure because cancer stage is not 0-IA, report:

Melanoma greater than AJCC Stage 0 or IA (3322F)

OR

One of the following diagnostic imaging studies ordered; chest x-ray, CT, ultrasound, MRI, PET, or nuclear medicine scans (3319F)

AND

AJCC Melanoma Cancer Stage 0 or IA Melanoma, documented (3321F)

RATIONALE:

There is no valid indication for expensive imaging studies in early stage melanoma in the absence of signs or symptoms. There is a perception that radiologic studies are being administered for grade 0 and grade I melanoma that are clinically unnecessary and create economic burden to the patient and payer. While diagnostic imaging is also inappropriate for patients with higher stages of melanoma as well, this measure is a first step in addressing the over-utilization of diagnostic imaging studies in patients with melanoma.

CLINICAL RECOMMENDATION STATEMENTS:

The panel unanimously agreed that no specific search for occult visceral metastases, with either chest x-ray or blood work, is necessary in patients with 0 and IA melanoma. This National Comprehensive Cancer Network (NCCN) recommendation is consistent with the National Institutes of Health (NIH) consensus guidelines, (2006). Imaging studies such as computed tomography (CT) scan, positron emission tomography (PET), and/or magnetic resonance imaging (MRI) may be performed for all patients to evaluate specific signs or symptoms. For patients with IB-II melanomas, a baseline chest x-ray is optional because this test is insensitive for detecting clinically occult distant disease in the lungs. (NCCN, 2006). (Level of Evidence – Category 2A)

No investigations are necessary for patients with Stage I disease. Stage I and IIA melanoma patients should not be staged by imaging, as the true-positive pick-up rate is low and the false-positive rate is high. Patients at intermediate or high risk of recurrent disease (stage IIB and over) should have the following staging investigations: chest x-ray; liver ultrasound or computed tomographic (CT) scan with contrast of the chest, abdomen + pelvis; liver function tests/lactate dehydrogenase; and full blood count. In the absence of effective chemotherapy for melanoma, however, it may be reasonable to omit scanning in individual Stage IIB patients. There is no place for a bone scan in staging except where symptoms point to possible bone disease. (National Institute for Health and Clinical Excellence, 2006).