MohsAIQ QCDR
2019 MIPS
Measure Detail

January 29th, 2019

Contents

Title:

ADHERENCE TO MOHS MICROGRAPHIC SURGERY APPROPRIATE USE CRITERIA

Number/Code:

ACMS1

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

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

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

Denominator Exceptions:

None

Risk-Adjusted:

No

Number of performance rates required for measures:

1st Performance Rate

High Priority:

Yes

High Priority Type:

Appropriate Use

Inverse Measure:

No

Proportional Measure:

Yes

Continuous Variable:

No

Ratio Measure:

No

Title:

CLOSING THE MOHS SURGERY REFERRAL LOOP: TRANSMISSION OF SURGICAL REPORT

Number/Code:

ACMS2

Description:

Percentage of Mohs micrographic surgery cases, regardless of 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

Denominator:

Any Mohs micrographic surgery case that has been referred for skin cancer treatment from an outside provider:

1. Referral for skin cancer treatment is defined as a request from one physician or other eligible provider to another practitioner for evaluation, treatment, or co-management of a patient's skin cancer. A referral may be for more than one skin cancer to be treated. This term encompasses referral and consultation as defined by Centers for Medicare and Medicaid Services.
2. Outside provider is defined as any providers outside the practice to which the patient was referred or lacking direct access to the patient's electronic medical record.

Denominator Exclusions:

Mohs surgery cases referred from providers from within the same practice or with direct access to the patient's electronic medical record.

Numerator:

Any Mohs micrographic surgery case that has been referred for skin cancer treatment from an outside provider for which a surgical report is sent to the referring provider within 30 days of the surgery date of service.

Numerator Exclusions:

None

Denominator Exceptions:

None

Risk-Adjusted:

No

Number of performance rates required for measures:

1st Performance Rate

High Priority:

Yes

High Priority Type:

Communication and Care Coordination

Inverse Measure:

No

Proportional Measure:

Yes

Continuous Variable:

No

Ratio Measure:

No

Title:

ANTIBIOTIC PROPHYLAXIS FOR HIGH RISK CARDIAC / ORTHOPEDIC CASES PRIOR TO MOHS MICROGRAPHIC SURGERY – PREVETION OF OVERUSE

Number/Code:

ACMS3

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

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 17312.

Denominator Exclusions:

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.

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

Denominator Exceptions:

None

Risk-Adjusted:

No

Number of performance rates required for measures:

1st Performance Rate

High Priority:

Yes

High Priority Type:

Patient Safety

Inverse Measure:

No

Proportional Measure:

Yes

Continuous Variable:

No

Ratio Measure:

No

Title:

SURGICAL SITE INFECTION RATE – MOHS MICROGRAPHIC SURGERY

Number/Code:

ACMS4

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

Denominator:

All Mohs surgery cases, regardless of patient age or gender, during the performance period (CPT): 17311 or 17312.

Denominator Exclusions:

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

Denominator Exceptions:

None

Risk-Adjusted:

No

Number of performance rates required for measures:

1st Performance Rate

High Priority:

Yes

High Priority Type:

Outcome

Inverse Measure:

Yes

Proportional Measure:

Yes

Continuous Variable:

No

Ratio Measure:

No