

## Counseling on Self-Examination

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*This measure is to be reported for all patients, regardless of age, with a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma — a minimum of **once** per reporting period.*

### Measure description

Percentage of patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma who were counseled at least once within 12 months to perform a self-examination for new or changing moles

### What will you need to report for each patient with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma for this measure?

If you select this measure for reporting, you will report:

- Whether or not you counseled the patient to perform a self-examination for new or changing moles

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to counsel a patient to perform a self-examination for new or changing moles, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

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### PQRI Data Collection Sheet

|                                    |                                      |                 |   |
|------------------------------------|--------------------------------------|-----------------|---|
| Patient's Name                     | Practice Medical Record Number (MRN) | / /             | <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Gender |
| National Provider Identifier (NPI) |                                      | Date of Service |   |

#### Clinical Information

#### Billing Information

| Step 1 Is patient eligible for this measure?   |                          |                          |   |
|--|--------------------------|--------------------------|---|
|  | Yes                      | No                       | Code Required on Claim Form   |
| Any patient regardless of age.   | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form.   |
| Patient has a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma.  | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes.   |
| There is a CPT E/M Service Code for this visit.  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.  |                          |                          |   |
| Step 2 Does patient meet or have an acceptable reason for not meeting the measure?   |                          |                          |   |
| Self-examination for New or Changing Moles   | Yes                      | No                       | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)   |
| Patient counseled  | <input type="checkbox"/> | <input type="checkbox"/> | 5005F   |
| Not counseled for one of the following reasons:  | <input type="checkbox"/> | <input type="checkbox"/> | 5005F-1P  |
| <ul style="list-style-type: none"> <li>• Medical (eg, not indicated, contraindicated, other medical reason)</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> | 5005F-2P  |
| <ul style="list-style-type: none"> <li>• Patient (eg, patient declined, economic, social, religious, other patient reason)</li> </ul>                                      | <input type="checkbox"/> | <input type="checkbox"/> | 5005F-3P  |
| <ul style="list-style-type: none"> <li>• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | 5005F-8P  |
| Document reason here and in medical chart.<br>_____<br>_____   |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 5005F-8P (Patient was not counseled to perform self-examination for new or changing moles, reason not otherwise specified.) |

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### Coding Specifications

Codes required to document patient has a diagnosis or history of cutaneous melanoma and a visit occurred:

An ICD-9 diagnosis code for cutaneous melanoma and a CPT E/M service code are required to identify patients to be included in this measure.

#### Cutaneous melanoma ICD-9 diagnosis codes

- 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, V10.82 (melanoma)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

#### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 5005F:** Patient counseled on self-examination for new or changing moles.
- **CPT II 5005F-1P:** Documentation of medical reason(s) for not counseling patient to perform self-examination for new or changing moles.
- **CPT II 5005F-2P:** Documentation of patient reason(s) for not counseling patient to perform self-examination for new or changing moles.
- **CPT II 5005F-3P:** Documentation of system reason(s) for not counseling patient to perform self-examination for new or changing moles.
- **CPT II 5005F-8P:** Patient was not counseled on self-examination for new or changing moles, reason not otherwise specified.

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