

## Follow-Up Aspects of Care

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

### Measure description

Percentage of patients, regardless of age, with a new diagnosis of melanoma or a history of melanoma who received all of the following aspects of care within 12 months: (1) patient was asked specifically if he/she had any new or changing moles; AND (2) a complete physical skin examination was performed and the morphology, size, and location of new or changing pigmented lesions were noted; AND (3) patient was counseled to perform a monthly self skin examination

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

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

- Whether or not you completed the melanoma follow-up, including all of the following aspects of care:
  - Specifically asking the patient if he/she had any new or changing moles; AND
  - Performing a complete physical skin examination<sup>1</sup> and noting the morphology, size, and location of new or changing pigmented lesions; AND
  - Counseling the patient to perform a monthly self skin examination

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

There may be times when it is not appropriate to complete the melanoma follow-up, due to:

- System reasons (eg, another physician performed this service)

In these cases, you will need to indicate that the system reason applies, and 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).

<sup>1</sup>A complete physical skin exam includes: head (including the face), neck, chest (including the axillae), abdomen, back, and extremities. The genitalia (including the groin and buttocks) may also be examined (optional).