

Coordination of Care

*This measure is to be reported at **each visit** of melanoma during the reporting period for all patients, regardless of age.*

Measure description

Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis

What will you need to report for each visit for patients with melanoma for this measure?

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

- Whether or not this occurrence of melanoma is a new or subsequent episode

If the patient's melanoma is a new episode, you will then need to report:

- Whether or not you communicated the treatment plan¹ to the physician(s) providing continuing care within one month of diagnosis

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

There may be times when it is not appropriate to communicate the treatment plan to the physician(s) providing continuing care, due to:

- Patient reasons (eg, patient asks that treatment plan not be communicated to the physician(s) providing continuing care)
- System reasons (eg, patient does not have a primary care physician or referring physician)

In these cases, you will need to indicate which 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).

¹A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care.