

Coordination of Care

Coding Specifications

Codes required to document patient has melanoma and a visit occurred:

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

All measure-specific coding should be reported ON THE SAME CLAIM.

Melanoma line item ICD-9-CM diagnosis codes

- 172.0, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9 (malignant melanoma of skin)

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:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **CPT II 1127F:** New episode for condition
- **CPT II 1128F:** Subsequent episode for condition
- **CPT II 5050F:** Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis
- **CPT II 5050F-2P:** Documentation of patient reason(s) for not communicating treatment plan (eg, patients asks that treatment plan not be communicated to the physician(s) providing continuing care)
- **CPT II 5050F-3P:** Documentation of system reason(s) for not communicating treatment plan (eg, patient does not have a primary care physician or referring physician)
- **CPT II 5050F-8P:** Treatment plan not communicated, reason not otherwise specified

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