

CMS Measure ID/CMS QCDR ID: CAP 40

Measure Title: Squamous Cell Skin Cancer: Complete Reporting

Measure Specifications

<p>Measure Description</p>	<p>Percentage of final pathology reports for excisions for squamous cell carcinoma of the skin that include a comment on margin status, degree of differentiation/histologic grade, depth or level of invasion, presence of perineural invasion* and presence of lymphovascular invasion</p> <p>*Perineural invasion defined as tumor cells within the nerve sheath of a nerve deep to the dermis or with a caliber of 0.1 mm or higher.</p>
<p>Denominator Statement</p>	<p>All final pathology reports for patients, regardless of age, who undergo an excision for malignant cutaneous squamous cell carcinoma</p> <p>CPT®¹: 88305 (Excisions only, including Mohs' excisions) AND ICD10:</p> <ul style="list-style-type: none"> • C44.02 Squamous cell carcinoma of skin of lip • C44.121 Squamous cell carcinoma of skin of unspecified eyelid, including canthus • C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus • C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus • C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus • C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus • C44.221 Squamous cell carcinoma of skin of unspecified ear and external auricular canal • C44.222 Squamous cell carcinoma of skin of right ear and external auricular canal • C44.229 Squamous cell carcinoma of skin of left ear and external auricular canal • C44.320 Squamous cell carcinoma of skin of unspecified parts of face • C44.321 Squamous cell carcinoma of skin of nose • C44.329 Squamous cell carcinoma of skin of other parts of face • C44.42 Squamous cell carcinoma of skin of scalp and neck • C44.520 Squamous cell carcinoma of anal skin • C44.521 Squamous cell carcinoma of skin of breast • C44.529 Squamous cell carcinoma of skin of other part of trunk • C44.621 Squamous cell carcinoma of skin of unspecified upper limb, including shoulder • C44.622 Squamous cell carcinoma of skin of right upper limb, including shoulder

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	<ul style="list-style-type: none"> • C44.629 Squamous cell carcinoma of skin of left upper limb, including shoulder • C44.721 Squamous cell carcinoma of skin of unspecified lower limb, including hip • C44.722 Squamous cell carcinoma of skin of right lower limb, including hip • C44.729 Squamous cell carcinoma of skin of left lower limb, including hip • C44.82 Squamous cell carcinoma of overlapping sites of skin • C44.92 Squamous cell carcinoma of skin, unspecified
Denominator Exclusions	1. Specimens that are exclusively in situ disease (ICD10 D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9)
Denominator Exceptions	<ol style="list-style-type: none"> 1. Biopsy specimens 2. Cytology specimens 3. No residual carcinoma 4. Necrotic tissue 5. Specimen site other than cutaneous or cancer other than squamous cell 6. Tumors less than 2 cm in diameter without perineural invasion (as defined in the Numerator statement) that are superficial in depth (<6mm in depth or confined to skin and fat) do not require reporting of any numerator elements EXCEPT histologic grade
Numerator Statement	<p>Pathology report contains a statement on all of the following:</p> <ul style="list-style-type: none"> - Margin status* - Degree of differentiation/histologic grade - Depth of invasion or for Mohs' excisions level of invasion - Presence or absence of perineural invasion** - Tumor diameter or largest dimension - Presence or absence of lymphovascular invasion <p>*Specimens displaying fragmentation should be noted in pathology report as part of margin status statement. **Perineural invasion defined as tumor cells within the nerve sheath of a nerve deep to dermis or with a caliber 0.1 mm or larger.</p>
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability



Meaningful Measure Rationale	<p>The data elements included in this measure are critical for determining the risk for local recurrence or metastasis in patients with cutaneous squamous cell carcinoma (1). Communication of this information to the dermatologist is essential for establishing treatment options and follow-up including monitoring high-risk cancers for progression (2).</p> <ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology (2022) Squamous Cell Skin Cancer. Version 2.2022, published online May 2, 2022 at https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf 2. Cheng, J. and Yan, S. (2016), Prognostic variables in high-risk cutaneous squamous cell carcinoma: a review. J Cutan Pathol, 43: 994-1004.
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	<p>138 clinicians representing 22 reporting entities had data as of 1 July 2024. The average performance rate was 89.9% with scores ranging from 25% to 100%.</p> <p>A systematic review of the literature on keratinocyte carcinomas (basal cell and cutaneous squamous cell carcinoma), found that "Studies did not routinely report histologic subtypes of CSCC other than PNI [perineural invasion], diameter, or tumor stage; so, other NCCN high-risk criteria and tumor stage could not be evaluated." Therefore critical data elements required by this measure are routinely missing.</p> <p>From Fraga SD et al (2022) Complete Margin Assessment Versus Sectional Assessment in Surgically Excised High-Risk Keratinocyte Carcinomas: A Systematic Review and Meta-Analysis. Derm Surg 48(7):704-710</p> <p>Per a 2020 study, 16.7% of pathologists were not aware of the NCCN guidelines for nonmelanoma skin cancer, and another 16.7% were only "somewhat aware". "Half of the pathologists responded using CCPDMA in less than half of high-risk tumors." (CCPDMA is margin assessment). In this survey, the most common barrier to use was surgeons' deference to pathologists for determining the appropriate way to assess margins. The paper concludes this is suboptimal for several reasons.</p> <p>From Danesh MJ et al (2020) Adherence to the National Comprehensive Cancer Network Criteria of Complete Circumferential Peripheral and Deep Margin Assessment in Treatment of High-Risk Basal and Squamous Cell Carcinoma. Dermatol Surg 46:1473–1480</p>
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st Performance Rate
High-priority	Yes



Improvement Notation	Inverse Measure: No Proportional Measure: Yes (Higher score indicates better quality) Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Care Setting and Specialty	Care Setting: Other—Laboratories; Telehealth not applicable Specialty: Pathology
Current Clinical Guideline the Measure is Derived From	NCCN Guideline states elements reported by the physician reporting the histologic findings should include margin status (whether or not tumor is present at margins), well, moderate, or poor differentiation, depth of invasion (either Breslow depth [in mm] measured from granular layer of adjacent normal epidermis to the base of the tumor OR tissue plane of deepest invasion eg, dermis, fat, fascia, muscle, perichondrium/periosteum, cartilage bone, other), perineural invasion defined as tumor cells within the nerve sheath of a nerve deep to dermis or with a caliber 0.1 mm or larger, and lymphovascular invasion (1). 1. NCCN Clinical Practice Guidelines in Oncology (2022) Squamous Cell Skin Cancer. Version 2.2022, published online May 2, 2022 at https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf