Quality ID #443: Non-Recommended Cervical Cancer Screening in Adolescent Females
– National Quality Strategy Domain: Patient Safety
– Meaningful Measure Area: Appropriate Use of Healthcare

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer

INSTRUCTIONS:
This measure is to be submitted **once per performance period** for female patients seen during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Adolescent females 16-20 years of age with a visit during the measurement period

Denominator Criteria (Eligible Cases):
Patients aged 16-20 years of age on date of encounter
AND
Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402, G0438, G0439
AND NOT
DENOMINATOR EXCLUSIONS:
A history of cervical cancer, HIV, or immunodeficiency any time during the patient's history through the end of the measurement period: B20, B97.35, C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, Z21
OR
Patients who use hospice services any time during the measurement period: G9805

NUMERATOR:
Patients who received cervical cytology or an HPV test during the measurement period

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met: Patients who received cervical cytology or an HPV test **(G9806)**

OR

Performance Not Met: Patients who did not receive cervical cytology or an HPV test **(G9807)**

RATIONALE:

This measure assesses the percentage of female adolescents 16–20 years of age who were unnecessarily screened for cervical cancer. A lower rate indicates better performance for this measure.

There are multiple medical societies and evidence-based guidelines which recommend against cervical cancer screening in a general population of females under 21 years of age; however, fewer than 25 percent of clinicians provide care consistent with guidelines (Yabroff 2009). Although screening has been shown to be highly effective in the 21–65 age group, the USPSTF determined there is adequate evidence that screening women younger than 21—regardless of sexual history—does not reduce the incidence and mortality of cervical cancer, compared with beginning screening at 21 (Moyer 2012). The USPSTF found evidence that screening in the younger age group leads to more harm than benefit because abnormal cellular changes are likely to be transient and to resolve on their own, and resulting treatment may have an adverse effect on future child-bearing. Thus, the USPSTF specifically recommends against screening women under 21 years of age (Moyer 2012).

Moyer, V.A., U.S. Preventive Services Task Force. 2012. "Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement." Ann Intern Med. 156(12):880-91.

Yabroff, K.R., M. Saraiya, H.I. Meissner, et al. 2009. "Specialty Differences in Primary Care Physician Reports of Papanicolaou Test Screening Practices: A National Survey, 2006 to 2007." Ann Int Med. 151(9):602-11.

CLINICAL RECOMMENDATION STATEMENTS:

The United States Preventive Services Task Force (Moyer 2012):

"The USPSTF recommends against screening for cervical cancer in women younger than age 21 years (D recommendation)."

American College of Obstetricians and Gynecologists (2012):

"Cervical cancer screening should begin at age 21 years. Women younger than age 21 years should not be screened regardless of the age of sexual initiation or the presence of other behavior-related risk factors."

American Cancer Society, American Society for Colposcopy & Cervical Pathology, American Society for Clinical Pathology (Saslow 2012):

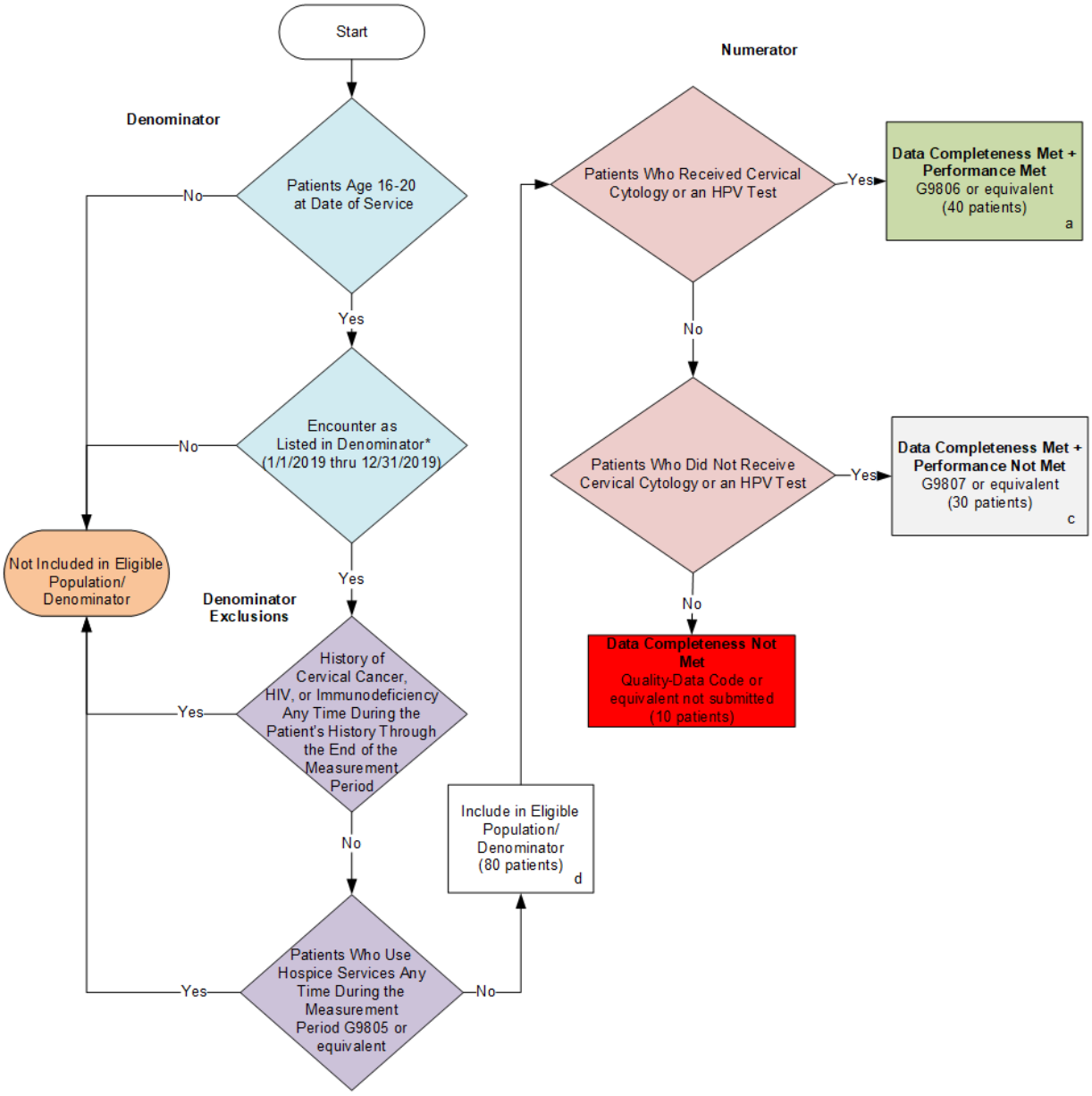
"Cervical cancer screening should begin at age 21 years. Women aged younger than 21 years should not be screened regardless of the age of sexual initiation or other risk factors."

American College of Obstetricians and Gynecologists. 2012. "Practice Bulletin #131 Screening for Cervical Cancer." Obstet Gynecol. 120:1222–38

Moyer, V.A., U.S. Preventive Services Task Force. 2012. “Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement.” Ann Intern Med. 156(12):880-91.

Saslow, D., D. Solomon, H.W. Lawson, et al. 2012. “American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for Prevention and Early Detection of Cervical Cancer.” Am J Pathol. 137:516-42.

2019 Clinical Quality Measure Flow for Quality ID #443: Non-Recommended Cervical Cancer Screening in Adolescent Females



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted Measure Specification for specific coding and instructions to submit this measure.
A lower calculated performance rate for this measure indicates better clinical control and care.
NOTE: Submission Frequency: Patient-process

2019 Clinical Quality Measure Flow Narrative for Quality ID #443: Non-Recommended Cervical Cancer Screening in Adolescent Females

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is 16-20 Years equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is 16-20 Years equals Yes, proceed to check Encounter Performed.
3. Check Encounter Performed:
    a. If Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to check History of Cervical Cancer, HIV, or Immunodeficiency Any Time During the Patient's History Through the End of the Measurement Period.
4. Check History of Cervical Cancer, HIV, or Immunodeficiency Any Time During the Patient's History Through the End of the Measurement Period:
    a. If History of Cervical Cancer, HIV, or Immunodeficiency Any Time During the Patient's History Through the End of the Measurement Period equals No, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
    b. If History of Cervical Cancer, HIV, or Immunodeficiency Any Time During the Patient's History Through the End of the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
5. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
    a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in Eligible Population.
    b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
6. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Patients Who Received Cervical Cytology or an HPV Test:
    a. If Patients Who Received Cervical Cytology or an HPV Test equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Patients Who Received Cervical Cytology or an HPV Test equals No, proceed to check Patient Who Did Not Receive Cervical Cytology or an HPV Test.

9. Check Patients Who Did Not Receive Cervical Cytology or an HPV Test:

   a. If Patients Who Did Not Receive Cervical Cytology or an HPV Test equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

   c. If Patients Who Did Not Receive Cervical Cytology or an HPV Test equals No, proceed to check Data Completeness Not Met.

10. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients