Measure #112 (NQF 2372): Breast Cancer Screening – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for female patients seen during the performance period. There is no diagnosis associated with this measure. The patient should either be screened for breast cancer on the date of service OR there should be documentation that the patient was screened for breast cancer at least once within 27 months prior to the date of service. Performance for this measure is not limited to the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

DENOMINATOR:
Women 51 - 74 years of age with a visit during the measurement period

> *DENOMINATOR NOTE: The intent of the measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3 month grace period.*

Denominator Criteria (Eligible Cases):
Patients 51 to 74 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, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR:
Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period

Numerator Quality-Data Coding Options:
Mammogram not Performed, Patient not Eligible
*Denominator Exclusion***: G9708:**   Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy

OR
Patient receiving Hospice Services, Patient Not Eligible
Denominator Exclusion: **G9709:**   Hospice services used by patient any time during the measurement period

OR

Mammogram Performed
Performance Met: **CPT II 3014F:**   Screening mammography results documented and reviewed

OR

Mammogram not Performed, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 3014F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
Performance Not Met: **3014F** *with* **8P:**   Screening mammography results were not documented and reviewed, reason not otherwise specified

RATIONALE:

Breast cancer is one of the most common types of cancers, accounting for a quarter of all new cancer diagnoses for women in the U.S. (BreastCancer.Org, 2011). It ranks as the second leading cause of cancer-related mortality in women, accounting for nearly 40,000 estimated deaths in 2013 (American Cancer Society, 2011).

According to the National Cancer Institute's Surveillance Epidemiology and End Results program, the chance of a woman being diagnosed with breast cancer in a given year increases with age. By age 30, it is one in 2,212. By age 40, the chances increase to one in 235, by age 50, it becomes one in 54, and, by age 60, it is one in 25. From 2004 to 2008, the median age at the time of breast cancer diagnosis was 61 years among adult women (Tangka et al, 2010).

In the U.S., costs associated with a diagnosis of breast cancer range from $451 to $2,520, factoring in continued testing, multiple office visits and varying procedures. The total costs related to breast cancer add up to nearly $7 billion per year in the U.S., including $2 billion spent on late-stage treatment (Lavigne et al, 2008; Boykoff et al, 2009).

CLINICAL RECOMMENDATION STATEMENTS:

The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50-74 years (B recommendation). The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms (C recommendation). (USPSTF, 2009) The Task Force concludes the evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years and older (I statement).

Preventive Services Task Force (2009)

Grade: B recommendation. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.

Grade: C recommendation. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.

Grade: I Statement. The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.

Grade: D recommendation. The USPSTF recommends against teaching breast self-examination (BSE).

Grade: I Statement. The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.

Grade: I Statement. The USPSTF concludes that the current evidence is insufficient to assess the additional benefits

and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer.
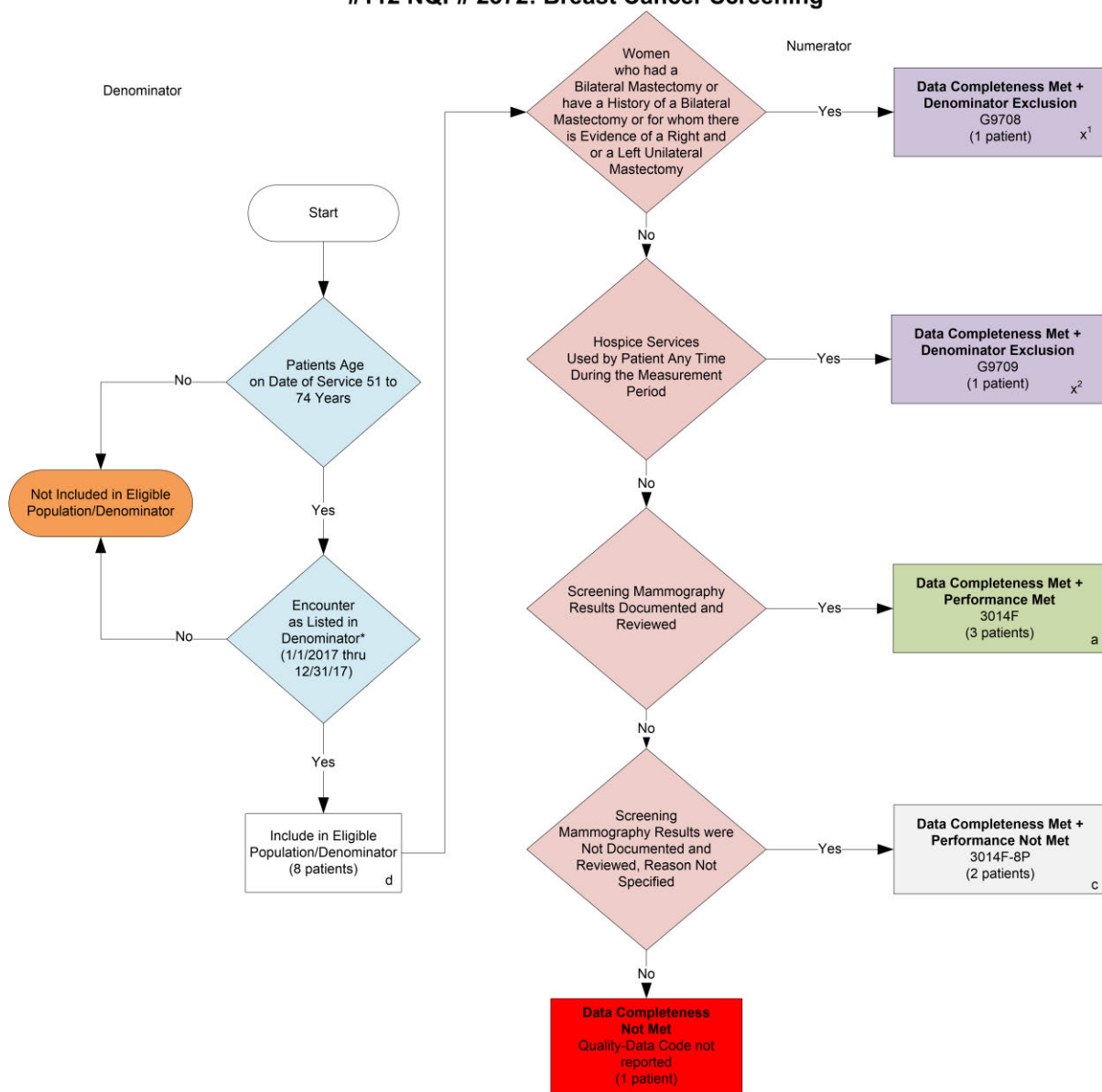
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2017 Claims Individual Measure Flow
#112 NQF# 2372: Breast Cancer Screening

Denominator

Numerator

```
Start
  │
  ▼
Patients Age
on Date of Service 51 to
74 Years
  │
  ├── No ──► Not Included in Eligible Population/Denominator
  │
  Yes
  │
  ▼
Encounter
as Listed in
Denominator*
(1/1/2017 thru
12/31/17)
  │
  ├── No ──► Not Included in Eligible Population/Denominator
  │
  Yes
  │
  ▼
Include in Eligible
Population/Denominator
(8 patients)          d
```

Women who had a Bilateral Mastectomy or have a History of a Bilateral Mastectomy or for whom there is Evidence of a Right and or a Left Unilateral Mastectomy
— Yes ──► **Data Completeness Met + Denominator Exclusion** G9708 (1 patient) x^1
— No

Hospice Services Used by Patient Any Time During the Measurement Period
— Yes ──► **Data Completeness Met + Denominator Exclusion** G9709 (1 patient) x^2
— No

Screening Mammography Results Documented and Reviewed
— Yes ──► **Data Completeness Met + Performance Met** 3014F (3 patients) a
— No

Screening Mammography Results were Not Documented and Reviewed, Reason Not Specified
— Yes ──► **Data Completeness Met + Performance Not Met** 3014F-8P (2 patients) c
— No ──► **Data Completeness Not Met** Quality-Data Code not reported (1 patient)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1+x^2 = 2 \text{ patients}) + \text{Performance Met } (a=3 \text{ patients}) + \text{Performance Not Met } (c=2 \text{ patients})}{\text{Eligible Population / Denominator } (d=8 \text{ patients})} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a=3 \text{ patients})}{\text{Data Completeness Numerator } (7 \text{ patients}) - \text{Denominator Exclusion } (x^1+x^2 = 2 \text{ patients})} = \frac{3 \text{ patients}}{5 \text{ patients}} = 60.00\%$$

* See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

v1

2017 Claims Individual Measure Flow
#112 NQF# 2372: Breast Cancer Screening

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

1. Start with Denominator

2. Check Patient Age:

    a. If Patient Age on Date of Service is 51 to 74 years of age and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If Patient Age on Date of Service is 51 to 74 years of age and equals Yes during the measurement period, proceed to check Encounter Performed.

3. Check Encounter Performed:

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. 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 8 patients in the sample calculation.

5. Start Numerator

6. Check Women who had a bilateral mastectomy or have a history of bilateral mastectomy or for whom there is evidence of a right and or left unilateral mastectomy:

    a. If Women who had a bilateral mastectomy or have a history of bilateral mastectomy or for whom there is evidence of a right and or left unilateral mastectomy equals Yes, include in Data Completeness Met and Denominator Exclusion.

    b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^1 equals 1 patient in Sample Calculation.

    c. If Women who had a bilateral mastectomy or have a history of bilateral mastectomy or for whom there is evidence of a right and or left unilateral mastectomy equals No, proceed to Hospice Services Used by Patient Any Time During the Measurement Period.

7. Check Hospice Services Used by Patient Any Time During the Measurement Period:

    a. If Hospice Services Used by Patient Any Time During the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion.

    b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^2 equals 1 patient in Sample Calculation.

c. If Hospice Services Used by Patient Any Time During the Measurement Period equals No, proceed to Screening Mammography Results Documented and Reviewed.

8. Check Screening Mammography Results Documented and Reviewed:

   a. If Screening Mammography Results Documented and Reviewed 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 3 patients in Sample Calculation.

   c. If Screening Mammography Results Documented and Reviewed equals No, proceed to Screening Mammography Results were Not Documented and Reviewed, Reason Not Specified.

9. Check Screening Mammography Results were Not Documented and Reviewed, Reason Not Specified:

   a. If Screening Mammography Results were Not Documented and Reviewed, Reason Not Specified equals Yes, include in the 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 2 patients in the Sample Calculation.

   c. If Screening Mammography Results were Not Documented and Reviewed, Reason Not Specified equals No, proceed to Data Completeness Not Met.

10. Check Data Completeness Not Met:

   a. If Data Completeness Not Met equals No, Quality Data Code not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1+x^2= 2 \text{ patients}) + \text{Performance Met } (a=3 \text{ patients}) + \text{Performance Not Met } (c=2 \text{ patients}) = 7 \text{ patients}}{\text{Eligible Population / Denominator } (d=8 \text{ patients}) = 8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a=3 \text{ patients}) = 3 \text{ patients}}{\text{Data Completeness Numerator } (7 \text{ patients}) - \text{Denominator Exclusion } (x^1+x^2= 2 \text{ patients}) = 5 \text{ patients}} = 60.00\%$$