

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

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY 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 submitted 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 end of the performance period**. Performance for this measure is not limited to the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

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. The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision making with patients about the benefits and risks of screening when an individual has limited life expectancy.*

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

AND NOT

DENOMINATOR EXCLUSIONS:

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: G9708

OR

Hospice services used by patient any time during the measurement period: G9709

OR

Patient age 65 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period: G9898

NUMERATOR:

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

Numerator Options:

Performance Met:

Screening, diagnostic, film, digital or digital breast Tomosynthesis (3D) mammography results documented and reviewed (**G9899**)

OR

Performance Not Met:

Screening, diagnostic, film, digital or digital breast Tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified (**G9900**)

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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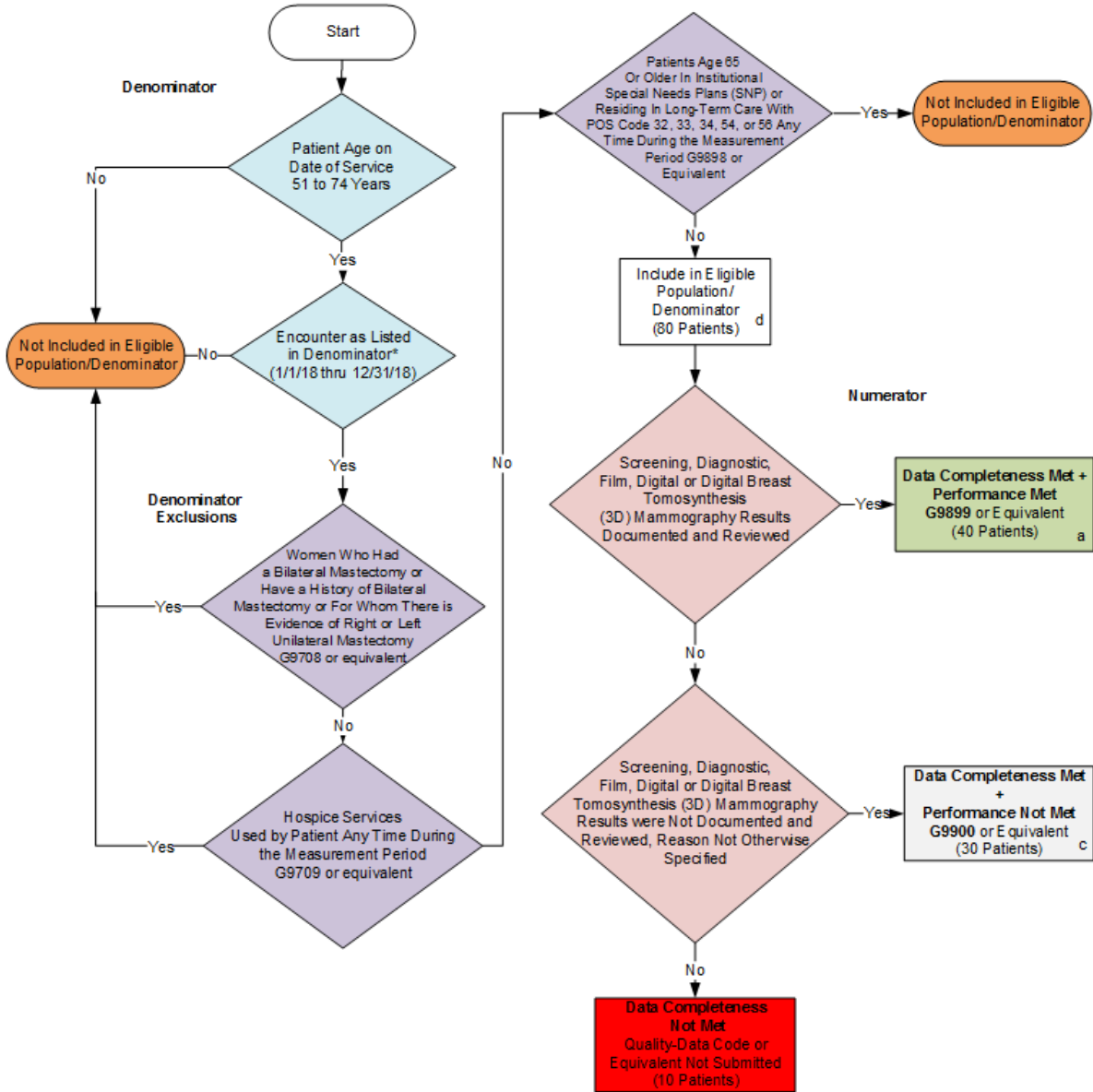
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2018 Registry Flow for Quality ID #112 NQF# 2372: Breast Cancer Screening



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

NOTE: Submission Frequency: Patient-process

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**2018 Registry Flow For Quality ID
#112 NQF# 2372: Breast Cancer Screening**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

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, proceed to Check Women Who Had a Bilateral Mastectomy or Have a History of Bilateral Mastectomy or For Whom There is Evidence of Right or Left Unilateral Mastectomy.
4. Check Women Who Had a Bilateral Mastectomy or Have a History of Bilateral Mastectomy or For Whom There is Evidence of Right 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 Right or Left Unilateral Mastectomy equals No, proceed to Check Hospice Services Used by Patient Any Time During the Measurement Period.
 - b. If Women Who Had a Bilateral Mastectomy or Have a History of Bilateral Mastectomy or For Whom There is Evidence of Right or Left Unilateral Mastectomy equals Yes, do not include in Eligible Patient Population. Stop Processing.
5. 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 No, Proceed to Check Patients age 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 31, 32, 33, 34, 54, or 56 any time during the Measurement Period.
 - b. If Hospice Services Used by Patient Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
6. Check Patients age 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 31, 32, 33, 34, 54, or 56 any time during the Measurement Period
 - a. If Patient age is 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 31, 32, 33, 34, 54, or 56 any time during the Measurement Period equals No, include in the Eligible Population

- b. If Patient age is 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 31, 32, 33, 34, 54, or 56 any time during the Measurement Period equals Yes, do not include in the Eligible Population. Stop processing.
7. 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.
8. Start Numerator
9. Check Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D Mammography Results Documented and Reviewed:
 - a. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D 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 40 patients in the Sample Calculation.
 - c. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D Mammography Results Documented and Reviewed equals No, proceed to Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified.
10. Check Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified:
 - a. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D Mammography Results were Not Documented and Reviewed, Reason Not Otherwise 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 30 patients in the Sample Calculation.
 - c. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis or 3D Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$