

Quality ID #225 (NQF 0509): Radiology: Reminder System for Screening Mammograms – National Quality Strategy Domain: Communication and Care Coordination

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**

**REGISTRY ONLY**

**MEASURE TYPE:**

Structure

**DESCRIPTION:**

Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram

**INSTRUCTIONS:**

This measure is to be submitted **each time** a screening mammogram is performed during the performance period for patients seen during the performance period. This measure is intended to reflect the quality of services provided for reminding patients when follow-up mammograms are due.

**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 submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

All patients undergoing a screening mammogram

***DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

Diagnosis for mammogram screening (ICD-10-CM): Z12.31

**AND**

Patient procedure during the performance period (CPT or HCPCS): 77067

**NUMERATOR:**

Patients whose information is entered into a reminder system with a target due date for the next mammogram

**Numerator Instructions:**

The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient identifier, patient contact information, date(s) of prior screening mammogram(s) (if known), and the target due date for the next mammogram. Use of the reminder system is not required to be documented within the final report to meet performance for this measure. Use of the reminder system is not required to be documented within the final report to meet performance for this measure.

**Numerator Options:**

***Performance Met:***

Patient information entered into a reminder system with a target due date for the next mammogram (7025F)

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not entering patient information into a reminder system (eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)) **(7025F with 1P)**

**OR**

***Performance Not Met:***

Patient Information not entered into a reminder system, reason not otherwise specified **(7025F with 8P)**

**RATIONALE:**

Although screening mammograms can reduce breast cancer mortality by 20-35% in women aged 40 years and older, recent evidence shows that only 72% of women are receiving mammograms based on current guideline recommendations. The use of patient reminders is associated with an increase in screening mammography.

Encouraging the implementation of a reminder system could lead to an increase in mammography screening at appropriate intervals.

**CLINICAL RECOMMENDATION STATEMENTS:**

The Community Preventive Services Task Force recommends the use of client reminders to increase screening for breast and cervical cancers on the basis of strong evidence of effectiveness (CPSTF, 2010)

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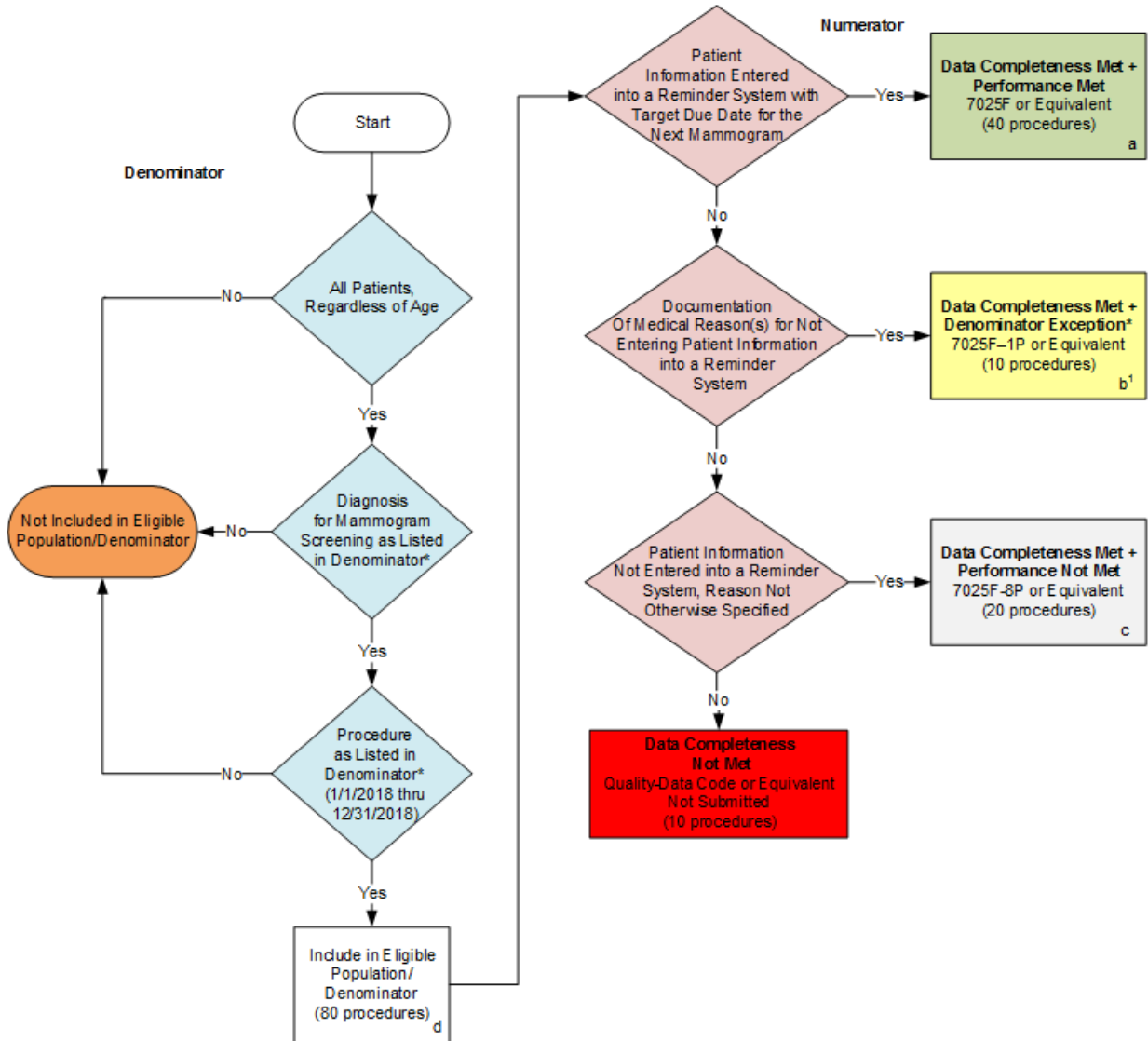
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**2018 Registry Flow for Quality ID #225 NQF # 0509:  
Radiology: Reminder System for Screening Mammograms**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b¹=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b¹=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

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

NOTE : Submission Frequency: Procedure

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**2018 Registry Flow For Quality ID**  
**#225 NQF #0509: Radiology: Reminder System for Screening Mammograms**

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 the All patients, Regardless of Age equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the All patient, Regardless of Age equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis for Mammogram Screening as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis for Mammogram Screening as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
4. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, include in the Eligible Population.
5. 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 procedures in the Sample Calculation.
6. Start Numerator
7. Check Patient Information Entered into a Reminder System with Target Due Date for the Next Mammogram:
  - a. If Patient Information Entered into a Reminder System with Target Due Date for the Next Mammogram equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
  - c. If Patient Information Entered into a Reminder System with Target Due Date for the Next Mammogram equals No, proceed to Documentation of Medical Reason(s) for Not Entering Patient Information into a Reminder System.
8. Check Documentation of Medical Reason(s) for Not Entering Patient Information into a Reminder System:

- a. If Documentation of Medical Reason(s) for Not Entering Patient Information into a Reminder System equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Entering Patient Information into a Reminder System equals No, proceed to Patient Information Not Entered into a Reminder System, Reason Not Otherwise Specified.
9. Check Patient Information Not Entered into a Reminder System ,Reason Not Otherwise Specified:
- a. If Patient Information Not Entered into a Reminder System, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.
  - c. If Patient Information Not Entered into a Reminder System, Reason Not Otherwise 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 or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b}^1\text{=10 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b}^1\text{=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$