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

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for female patients seen during the reporting 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 reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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 50 through 74 years of age with a visit during the measurement period

DENOMINATOR NOTE: The measure’s 27-month look back period applies to women ages 52-74 (the numerator looks for a mammogram any time on or between October 1, 27 months prior to the measurement period, and December 31 of the measurement period in order to capture women who have had a mammogram every 24 months per clinical guidelines, with a 3-month grace period). Therefore, women ages 50-52 are included in the measure if they had a visit and a mammogram since age 50, but the 27-month look back period only applies to patients age 52-74. For patients that are 51 years of age during the measurement period look back only to age 50.

Denominator Criteria (Eligible Cases):
Patients 50 through 74 years of age on date of encounter
AND
Patient encounter during the reporting 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:**
Patients with one or more mammograms any time on or between October 1, 27 months prior to December 31 of the measurement period, not to precede the patient’s 50th birthday

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
- **Mammogram Performed**
  - **Performance Met:** CPT II 3014F: Screening mammography results documented and reviewed

- **Mammogram not Performed for Medical Reasons**
  - Append a modifier (1P) to CPT Category II code 3014F to report documented circumstances that appropriately exclude patients from the denominator.
  - **Medical Performance Exclusion: 3014F with 1P:** Documentation of medical reason(s) for not performing a mammogram (i.e., women who had a bilateral mastectomy or two unilateral mastectomies)

- **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).

U.S. 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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2016 Claims/Registry Individual Measure Flow  
PQRS #112 NQF# 2372: Breast Cancer Screening

Denominator

Start

Patients Age on Date of Service 50 through 74 Years

Not Included in Eligible Population/Denominator

Encounter as Listed in Denominator* (1/1/2016 thru 12/31/16)

Yes

No

Include in Eligible Population/Denominator (8 patients)

Numerator

Screening Mammography Results Documented and Reviewed

No

Documented Medical Reason Mammogram Not Performed

Yes

Reporting Met + Performance Met 3014F or equivalent (3 patients) a

No

Screening Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified

Yes

Reporting Met + Performance Exclusion 3014F-1P or equivalent (2 patients) b

No

Reporting Met + Performance Not Met 3014F-8P or equivalent not reported (1 patient)

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=3 patients) + Performance Exclusion (b=2 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%

Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=
Performance Met (a=3 patients) = 3 patients = 60.00%

Reporting Numerator (7 patients) – Performance Exclusion (b=2 patients) = 5 patients

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

NOTE: Reporting Frequency: Patient-process
2016 Claims/Registry Individual Measure Flow
PQRS #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 50 thru 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 50 thru 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 Screening Mammography Results Documented and Reviewed:
   a. If Screening Mammography Results Documented and Reviewed equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate 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 Documented Medical Reason Mammogram Not Performed.

7. Check Documented Medical Reason Mammogram Not Performed:
   a. If Documented Medical Reason Mammogram Not Performed equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 2 patients in the Sample Calculation.
   c. If Documented Medical Reason Mammogram Not Performed equals No, proceed to Screening Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified.
8. Check Screening Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified:
   
a. If Screening Mammography Results were Not Documented and Reviewed, Reason Not Otherwise Specified equals Yes, include in the Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate 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 Otherwise Specified equals No, proceed to Reporting Not Met.

9. Check Reporting Not Met:
   
a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

   **SAMPLE CALCULATIONS:**

   **Reporting Rate**
   \[
   \text{Reporting Rate} = \frac{\text{Performance Met} (a=3 \text{ patients}) + \text{Performance Not Met} (c=2 \text{ patients})}{\text{Eligible Population} / \text{Denominator}} = \frac{7 \text{ patients}}{6 \text{ patients}} = 87.50\% \\
   \]

   **Performance Rate**
   \[
   \text{Performance Rate} = \frac{\text{Performance Met} (a=3 \text{ patients})}{\text{Reporting Numerator} (7 \text{ patients}) - \text{Performance Exclusion} (b=2 \text{ patients})} = \frac{3 \text{ patients}}{5 \text{ patients}} = 60.00\% \\
   \]