Measure #263: Preoperative Diagnosis of Breast Cancer – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method

INSTRUCTIONS:
This measure is to be reported each time a patient aged 18 and older undergoes a breast cancer operation. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT 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:
The number of patients aged 18 years and older on date of encounter undergoing breast cancer operations

Definition:
Minimally invasive biopsy methods – Includes fine needle aspiration, percutaneous core needle biopsy, percutaneous automated vacuum assisted rotating biopsy device, skin biopsy, skin shave or punch biopsy

Numerator Options:
Performance Met:
Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method (G8875)

OR

Other Performance Exclusion:
Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately
visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician) (G8876)

OR

Other Performance Exclusion:

Minimally Invasive Biopsy Method attempted but not diagnostic of Breast Cancer (e.g., High Risk Lesion of Breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells) (G8946)

OR

Performance Not Met:

Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given (G8877)

RATIONALE:
The preoperative diagnosis of breast cancer by minimally invasive methods is recommended by the American Society of Breast Surgeons, the National Comprehensive Cancer Network, the European Society of Breast Cancer Specialists, the American College of Radiology, a recent consensus conference on image detected breast cancer, and a panel of experts who conducted a comparative effectiveness study of needle biopsy compared to open biopsy that was funded by Agency for Healthcare Research and Quality (AHRQ).

The policy of attempting to diagnose breast cancer by needle techniques has also been incorporated into quality measurement programs developed by the American Society of Breast Surgeons and the National Consortium of Breast Centers. (The American Society of Breast Surgeons, 2006)

The advantages of preoperative cancer diagnosis by minimally invasive method include the patient centered measures of a smaller scar, good cosmesis, timeliness, and good pain control. Other advantages include a greater likelihood of achieving negative lumpectomy surgical margins and allowing concurrent scheduling of axillary lymph node surgery, reducing the number of operations required to treat breast cancer.

CLINICAL RECOMMENDATION STATEMENTS:
A major goal of modern breast medicine is to minimize the number of patients with benign lesions who undergo open surgical breast biopsies for diagnosis. Image guided percutaneous needle biopsy is the diagnostic procedure of choice for image-detected breast abnormalities. Patients with a clearly palpable breast mass should also have a minimally invasive percutaneous biopsy with or without image guidance depending on the size of the mass. (The American Society of Breast Surgeons, 2006) It is not possible to achieve a 100% success rate for the diagnosis of breast cancer by a minimally invasive technique due to some technical issues described above or sampling issues with high risk lesions of the breast.

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2016 Registry Individual Measure Flow
PQRS #263: Preoperative Diagnosis of Breast Cancer

Start

Breast Cancer Preoperatively Diagnosed by a Minimally Invasive Biopsy Method

Yes → Reporting Met + Performance Met G8975 or equivalent (4 procedures)

No → Documentation of Reason(s) for Not Performing Minimally Invasive Biopsy to Diagnose Breast Cancer Preoperatively

Yes → Reporting Met + Performance Exclusion G8976 or equivalent (1 procedure)

No → Minimally Invasive Biopsy Method Attempted but Not Diagnostic of Breast Cancer

Yes → Reporting Met + Performance Exclusion G9346 or equivalent (0 procedure)

No → Clinician did Not Attempt to Achieve the Diagnosis of Breast Cancer Preoperatively by a Minimally Invasive Biopsy Method, Reason Not Given

Yes → Reporting Met + Performance Not Met G9977 or equivalent (2 procedures)

No → Reporting Not Met Quality-Data Code or equivalent not reported (1 procedure)

SAMPLE CALCULATIONS:

Reporting Rate = Performance Met (a=4 procedures) + Performance Exclusion (b+ b’=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures. = 87.50%

Eligible Population / Denominator (d=8 procedures)

Performance Rate = Reporting Numerator (7 procedures) ÷ Performance Exclusion (b+ b’=1 procedure) = 6 procedures = 66.67%

*See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency- Procedure

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitute for the measure specification.
2016 Registry Individual Measure Flow  
PQRS #263: Preoperative Diagnosis of Breast Cancer  

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 the Age is greater than or equal 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Male/Female Breast Cancer as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Male/Female Breast Cancer as Listed in Denominator equals Yes, proceed to check Encounter Performed.

4. 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.

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 8 procedures in the sample calculation.

6. Start Numerator

7. Check Breast Cancer Preoperatively Diagnosed by a Minimally Invasive Biopsy Method:
   a. If Breast Cancer Preoperatively Diagnosed by a Minimally Invasive Biopsy Method 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 4 procedures in Sample Calculation.
   c. If Breast Cancer Preoperatively Diagnosed by a Minimally Invasive Biopsy Method equals No, proceed to Documentation of Reason(s) for Not Performing Minimally Invasive Biopsy to Diagnose Breast Cancer Preoperatively.

8. Check Documentation of Reason(s) for Not Performing Minimally Invasive Biopsy to Diagnose Breast Cancer Preoperatively:
a. If Documentation of Reason(s) for Not Performing Minimally Invasive Biopsy to Diagnose Breast Cancer Preoperatively 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 b1 equals 1 procedures in the Sample Calculation.

c. If Documentation of Reason(s) for Not Performing Minimally Invasive Biopsy to Diagnose Breast Cancer Preoperatively equals No, proceed to Minimally Invasive Biopsy Method Attempted but Not Diagnostic of Breast Cancer.

9. Check Minimally Invasive Biopsy Method Attempted but Not Diagnostic of Breast Cancer:

a. If Minimally Invasive Biopsy Method Attempted but Not Diagnostic of Breast Cancer equals Yes, include in the 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 b2 equals 0 procedures in the Sample Calculation.

c. If Minimally Invasive Biopsy Method Attempted but Not Diagnostic of Breast Cancer equals No, proceed to Clinican did Not Attempt to Achieve the Diagnosis of Breast Cancer Preoperatively by a Minimally Invasive Biopsy Method, Reason Not Given.

10. Check Clinican did Not Attempt to Achieve the Diagnosis of Breast Cancer Preoperatively by a Minimally Invasive Biopsy Method, Reason Not Given:

a. If to Clinican did Not Attempt to Achieve the Diagnosis of Breast Cancer Preoperatively by a Minimally Invasive Biopsy Method, Reason Not Given equals Yes, include in the Reporting Not 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 procedures in the Sample Calculation.

c. If Clinican did Not Attempt to Achieve the Diagnosis of Breast Cancer Preoperatively by a Minimally Invasive Biopsy Method, Reason Not Given equals No, proceed to Reporting Not Met

11. Check Reporting Not Met:

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

**SAMPLE CALCULATIONS:**

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\text{Reporting Rate} = \left(\frac{\text{Performance Met (a=4 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}}\right) + \left(\frac{\text{Performance Exclusion (b: b1=1 procedure) + Performance Not Met (c:2 procedures)}}{\text{7 procedures}}\right) = \frac{87.50\%}{8} = 87.50\%
\]

\[
\text{Performance Rate} = \left(\frac{\text{Performance Met (a=4 procedures) + Performance Exclusion (b1=1 procedure) + Performance Not Met (c=2 procedures)}}{\text{8 procedures}}\right) = \frac{66.67\%}{8} = 66.67\%
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\text{Reporting Numerator (7 procedures) - Performance Exclusion (b1=1 procedure) = 6 procedures}
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