Measure #264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure

INSTRUCTIONS:
This measure is to be reported **each time** a procedure is performed during the reporting period for patients age 18 years and older who are operated upon for invasive breast cancer that are clinically node negative (clinical stage T1N0M0 or T2N0M0). 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, quality-data 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:
Patients aged 18 and older with primary invasive breast cancer

> **Denominator Criteria (Eligible Cases):**
> Patients aged 18 and older at date of encounter
> **AND**
> **Diagnosis for Female/Male Breast Cancer (ICD-10-CM):** C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929
> **AND**
> **Patient encounter during the reporting period (CPT):** 19301, 19302, 19307, 38500, 38510, 38520, 38525, 38530, 38542, 38740, 38745, 38900
> **AND**
> **Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer:** G8879

NUMERATOR:
Patients who undergo a SLN procedure

> **Numerator Options:**
> **Performance Met:**   Sentinel lymph node biopsy procedure performed **(G8878)**
>
> **OR**
>
> **Other Performance Exclusion:**   Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental

discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, patient refusal after informed consent) **(G8880)**

OR

    Performance Not Met: Sentinel lymph node biopsy procedure not performed, reason not given **(G8882)**

RATIONALE:

A sentinel lymph node (SLN) procedure is defined as a method of axillary or other regional lymph node assessment that requires either a radioisotope and/or blue dye injection in the breast with subsequent identification of radioactive or blue stained node(s) in the axilla or other lymph node basin. There is level one evidence that breast cancer SLN biopsy is as accurate as axillary dissection for breast cancer staging and is associated with less morbidity than routine axillary dissection.

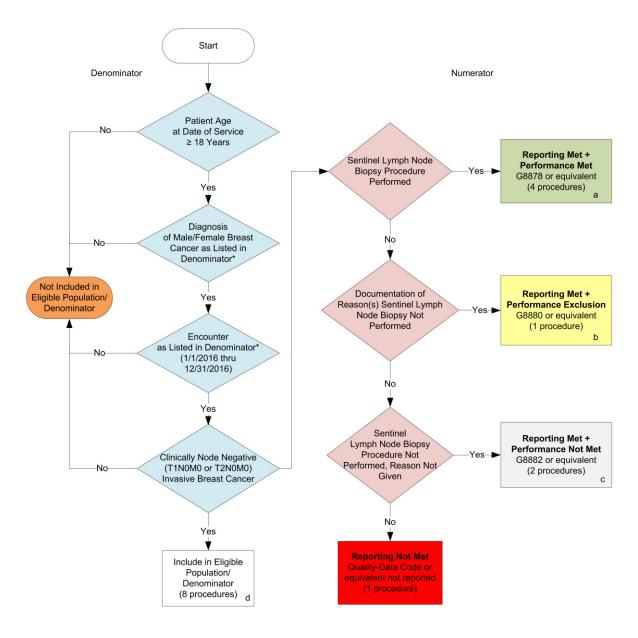## CLINICAL RECOMMENDATION STATEMENTS:

The current body of reported surgical experience shows that SLN biopsy is suitable for virtually all clinically node-negative T1-2 invasive breast cancers. (The American Society of Breast Surgeons, 2010)
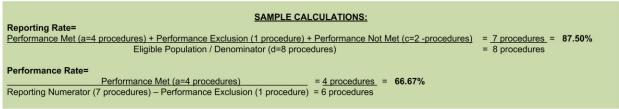
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2016 Registry Individual Measure Flow
PQRS #264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer

Denominator

Numerator

```
                              ┌─────────┐
                              │  Start  │
                              └─────────┘
                                   │
                                   ▼
         No              ◇ Patient Age at Date
     ◄─────────────────── of Service ≥ 18 Years
                                   │ Yes
                                   ▼
         No              ◇ Diagnosis of Male/Female
     ◄─────────────────── Breast Cancer as Listed
                           in Denominator*
                                   │ Yes
                                   ▼
         No              ◇ Encounter as Listed in
     ◄─────────────────── Denominator* (1/1/2016
                           thru 12/31/2016)
                                   │ Yes
                                   ▼
         No              ◇ Clinically Node Negative
     ◄─────────────────── (T1N0M0 or T2N0M0)
                           Invasive Breast Cancer
                                   │ Yes
```

Start → Patient Age at Date of Service ≥ 18 Years

- Patient Age at Date of Service ≥ 18 Years — No → Not Included in Eligible Population/Denominator
- Yes → Diagnosis of Male/Female Breast Cancer as Listed in Denominator* — No → Not Included in Eligible Population/Denominator
- Yes → Encounter as Listed in Denominator* (1/1/2016 thru 12/31/2016) — No → Not Included in Eligible Population/Denominator
- Yes → Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer — No → Not Included in Eligible Population/Denominator
- Yes → Include in Eligible Population/Denominator (8 procedures) d

Not Included in Eligible Population/Denominator

Numerator flow:

- Sentinel Lymph Node Biopsy Procedure Performed — Yes → **Reporting Met + Performance Met** G8878 or equivalent (4 procedures) a
- No → Documentation of Reason(s) Sentinel Lymph Node Biopsy Not Performed — Yes → **Reporting Met + Performance Exclusion** G8880 or equivalent (1 procedure) b
- No → Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given — Yes → **Reporting Met + Performance Not Met** G8882 or equivalent (2 procedures) c
- No → **Reporting Not Met** Quality-Data Code or equivalent not reported (1 procedure)

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 procedures) + Performance Exclusion (1 procedure) + Performance Not Met (c=2 -procedures) = 7 procedures = **87.50%**

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

Performance Rate=

Performance Met (a=4 procedures) = 4 procedures = **66.67%**

Reporting Numerator (7 procedures) – Performance Exclusion (1 procedure) = 6 procedures

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

NOTE: Reporting Frequency- Procedure

2016 Registry Individual Measure Flow
PQRS #264: Sentinel Lymph Node Biopsy for Invasive 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 to 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, proceed to check Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer.

5. Check Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer:

    a. If Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer equals No, do not include in Eligible patient population. Stop processing

    b. If Clinically Node Negative (T1N0M0 or T2N0M0) Invasive Breast Cancer equals Yes, include in Eligible patient population.

6. 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.

7. Start Numerator

8. Check Sentinel Lymph Node Biopsy Procedure Performed:

    a. If Sentinel Lymph Node Biopsy Procedure Performed 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 Sentinel Lymph Node Biopsy Procedure Performed equals No, proceed to Documentation of Reason(s) Sentinel Lymph Node Biopsy Not Performed.

9. Check Documentation of Reason(s) Sentinel Lymph Node Biopsy Not Performed:

a. If Documentation of Reason(s) Sentinel Lymph Node Biopsy 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 1 procedure in the Sample Calculation.

c. If Documentation of Reason(s) Sentinel Lymph Node Biopsy Not Performed equals No, proceed to Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given.

10. Check Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given:

a. If Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given 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 procedures in the Sample Calculation.

c. If Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given equals No, proceed to Reporting Not Met

11. Check Reporting Not Met

a. If 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:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 procedures) + Performance Exclusion (1 procedure) + Performance Not Met (c=2 -procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Reporting Numerator (7 procedures) – Performance Exclusion (1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\%$$