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

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of women 51 - 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 Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

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

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)

**Performance Not Met:**
Screening, diagnostic, film, digital or digital breast Tomosynthesis (3D) mammography results were not documented and reviewed, reason not given (G9900)

**RATIONALE:**
Breast cancer is one of the most common types of cancers, accounting for 15 percent of all new cancer diagnoses in the U.S. (Howlader et al, 2016). In 2013, over 3 million women were estimated to be living with breast cancer in the U.S. and it is estimated that 12 percent of women will be diagnosed with breast cancer at some point during their lifetime (Howlader et al, 2016).

While there are other factors that affect a woman's risk of developing breast cancer, advancing age is a primary risk factor. Breast cancer is most frequently diagnosed among women ages 55-64; the median age at diagnosis is 62 years (Howlader et al, 2016). The chance of a woman being diagnosed with breast cancer in a given year increases with age. By age 40, the chances are 1 in 235; by age 50 it becomes 1 in 54; by age 60, it is 1 in 25 (National Business Group on Health, 2011).

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 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 (National Business Group on Health, 2011). If breast cancer is detected through mammography screening and diagnosed in its earliest stages, treatment may be less expensive (Feig, 2011).

**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 screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years (C recommendation). (USPSTF, 2016)

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older (I statement). (USPSTF, 2016)

The USPSTF concludes that the current evidence is insufficient to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer (I Statement). (USPSTF, 2016)
The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram (I statement).

(USPSTF, 2016)

COPYRIGHT:
The measures and specifications were developed by and are owned by the National Committee for Quality Assurance (“NCQA”). NCQA holds a copyright in the measures and specifications and may rescind or alter these measures and specifications at any time. Users of the measures and specifications shall not have the right to alter, enhance or otherwise modify the measures and specifications, and shall not disassemble, recompile or reverse engineer the measures and specifications. Anyone desiring to use or reproduce the materials without modification for a non-commercial purpose may do so without obtaining any approval from NCQA. All commercial uses or requests for alteration of the measures and specifications must be approved by NCQA and are subject to a license at the discretion of NCQA.

The measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on measures and specifications or data reflective of performance under such measures and specifications. ©2004-2018 National Committee for Quality Assurance, all rights reserved.

Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

The American Medical Association holds a copyright to the CPT® codes contained in the measures specifications.
2019 Clinical Quality Measure Flow for Quality ID #112 NQF# 2372: Breast Cancer Screening

Start

Denominator

Patient Age on Date of Service 51 to 74 Years

Yes

Patients Age 65 or Older in Institutional Special Needs Plans (SNP) or Receiving Long-Term Care with POS Code 22, 33, 34, 54, or 56 Any Time During the Measurement Period 2009 or Equivalent

Yes

Not Included in Eligible Population/Denominator

No

Encounter as Listed in Denominator* (1/1/19 thru 12/31/19)

No

Not Included in Eligible Population/Denominator

Yes

Include in Eligible Population/Denominator (80 Patients) d

Numerator

Denominator Exclusions

women Who Had a Bilateral Mastectomy or Have a History of Bilateral Mastectomy or For Whom There is Evidence of Right or Left Uterine Mastectomy G5708 or Equivalent

Yes

Data Completeness Met + Performance Met G9899 or Equivalent (40 Patients) a

No

No

Screening, Diagnostic Film, Digital or Digital Breast Tomosynthesis (2D) Mammography Results Documented and Reviewed

Yes

Data Completeness Not Met G9890 or Equivalent (30 Patients) c

No

No

Screening, Diagnostic Film, Digital or Digital Breast Tomosynthesis (2D) Mammography Results were Not Documented and Reviewed, Reason Not Given

Data Completeness Not Met Quality-Data Code or Equivalent Not Submitted (10 Patients)

SAMPLE CALCULATIONS:

Data Completeness =

Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients, 87.50%

Eligible Population / Denominator (d=80 patients) = 90 patients

Performance Rate =

Performance Met (a=40 patients) / Data Completeness Numerator (70 patients) = 40 patients, 57.14%

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

NOTE: Submission Frequency: Patient process

CPT only copyright 2019 American Medical Association. All rights reserved.

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.
2019 Clinical Quality Measure Flow Narrative 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.

1. Start with Denominator

2. Check Patient Age:
   a. If Patient Age on Date of Service is 51 to 74 Years equals No during the measurement period, do not include in Eligible Population. Stop Processing.
   b. If Patient Age on Date of Service is 51 to 74 Years 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 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 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 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 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 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 32, 33, 34, 54, or 56 any time during the Measurement Period equals No, include in 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 32, 33, 34, 54, or 56 any time during the Measurement Period equals Yes, do not include in 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 (3D) Mammography Results Documented and Reviewed:
   a. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis (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 check Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis (3D) Mammography Results were Not Documented and Reviewed, Reason Not Given.

10. Check Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis (3D) Mammography Results were Not Documented and Reviewed, Reason Not Given:
   a. If Screening, Diagnostic, Film, Digital or Digital Breast Tomosynthesis (3D) Mammography Results were Not Documented and Reviewed, Reason Not Given 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 (3D) Mammography Results were Not Documented and Reviewed, Reason Not Given equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:
   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

<table>
<thead>
<tr>
<th>Data Completeness</th>
<th>Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = 87.50%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Population / Denominator (d=80 patients) = 90 patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Performance Met (a=40 patients) = 40 patients = 57.14%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data Completeness Numerator (70 patients) = 70 patients</td>
</tr>
</tbody>
</table>