

**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**

**OR**

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

**OR**

**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**)

**OR**

***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)

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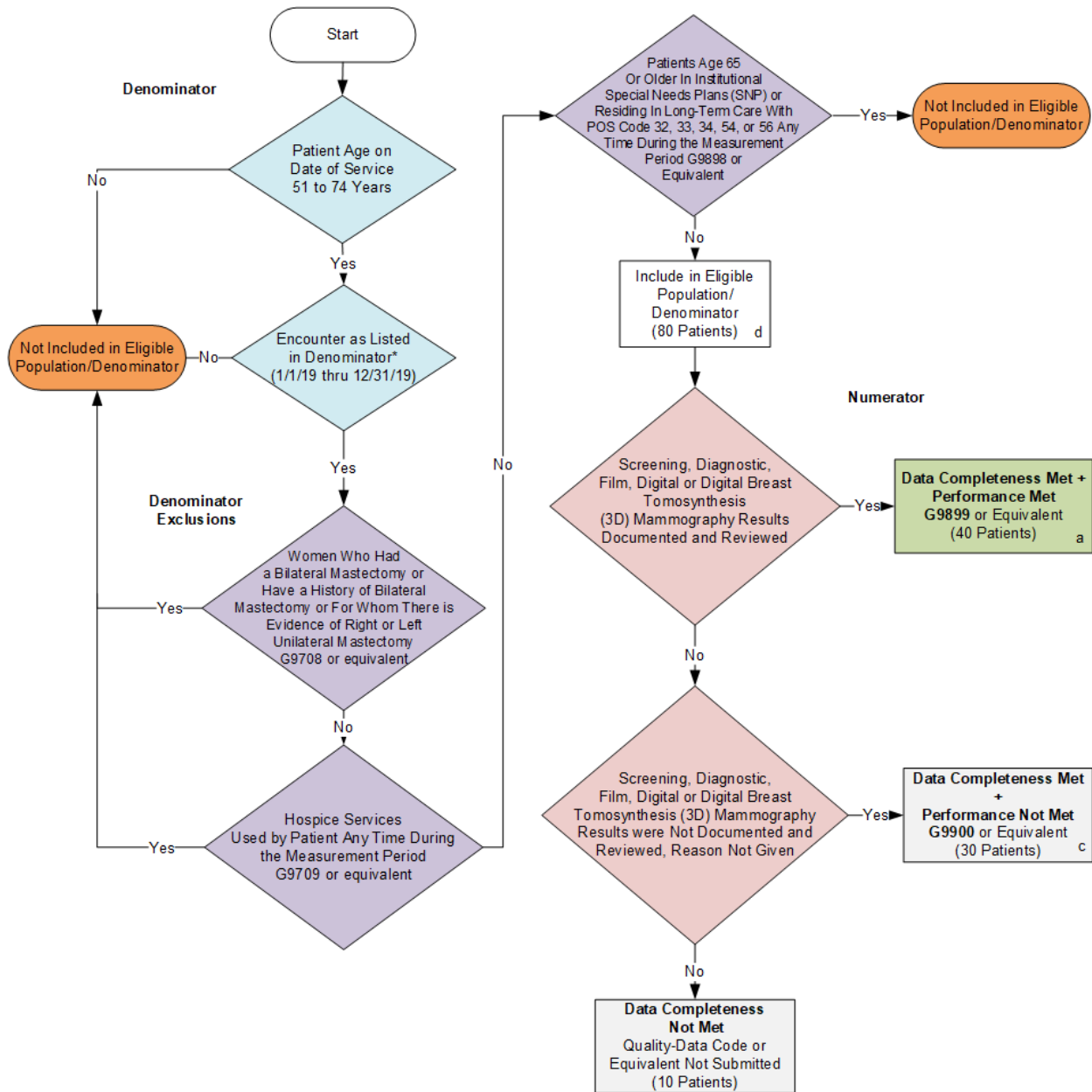
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## 2019 Clinical Quality Measure Flow for Quality ID #112 NQF# 2372: Breast Cancer Screening



### SAMPLE CALCULATIONS:

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

NOTE: Submission Frequency: Patient-process

NOTE: Diagram has not been reviewed by the measure steward. This diagram should be used in place of the measure specification but may be used as an additional resource.

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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 substitution 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:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$