Measure #112 (NQF 0031): Preventive Care and Screening: Breast Cancer Screening

2013 PQRS Options for Individual Measures: Claims, Registry

Description:
Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 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 24 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 numerator options as described in the quality-data codes 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:
All female patients aged 40 through 69 years

Denominator Criteria (Eligible Cases):
Patients aged 40 through 69 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402

Numerator:
Patients who had a mammogram at least once within 24 months

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

Date: 12/19/2012
Version 7.2
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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.

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).

OR

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.

3014F with 8P: Screening mammography results were not documented and reviewed, reason not otherwise specified

Rationale:
Breast cancer ranks as the second leading cause of death in women. For women 40 to 49 years of age mammography can reduce mortality by 17 percent. (American Medical Association AMA, 2003)

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 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).

The American Cancer Society recommends yearly Mammograms starting at age 40 and continuing for as long as a woman is in good health. Clinical Breast Exam (CBE) about every 3 years for women in the 20s and 30s and every year for women 40 and over. (Smith, 2003)

Based on the incidence of breast cancer, the sojourn time for breast cancer growth, and the potential reduction in breast cancer mortality, the American College of Obstetricians and Gynecologists recommends that women aged 40 years and older be offered screening mammography annually. Clinical breast examination should be performed annually for women aged 40 years and older. For women aged 20–39 years, clinical breast examinations are recommended every 1–3 years. (ACOG, 2011)