

Breast Cancer Screening

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MEASURE DESCRIPTION:

#90 - BREAST CANCER SCREENING indicates The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer excludes patients who used hospice services anytime during the measurement year and women with a previous bilateral mastectomy anytime prior to or during the measurement year.

[Note: These exclusion criteria are not optional as they are in the HEDIS Health Plan measure. However, they still need to be applied after the numerator is calculated. This is because HEDIS Physician Measurement guidelines specify, for effectiveness of care measures, that as a general rule the exclusions should only be applied for patients where data indicate that the specified numerator service/procedure did not occur.]

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

This measure is based on the HEDIS measure *Breast Cancer Screening* (BCS) and NQF measure #2372.

PROPRIETARY STATUS: The measure specification methodology used by the IBM Corporation is different than NCQA's methodology. NCQA has not validated the altered measure specifications, but has granted IBM Corporation permission to modify as needed.

CRITERIA REVIEW DATE: January 2018

MEASURE PACKAGE: Physician Focus

MINIMUM DATA REQUIREMENTS (months): 27

MEASURE DETAILS:

DENOMINATOR:

Women aged 52-74 as of the end of the measurement year

Gender is female	Gender Code = F
AND	
Age is 52-74 As of the end of the measurement year	Age in Years = 52-74

EXCLUSIONS:

Required: Patients who used hospice services anytime during the measurement year.

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

Hospice services during the measurement year	(CPT Procedure Code = 99377, 99378
	or
	HCPCS Procedure Code = G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046
	or
	Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659
	or
	Bill Type Code UB = 0810-0815, 0817-0825, 0827-0829, 081A-081K, 081M, 081O, 081X-081Z, 082A-082K, 082M, 082O, 082X-082Z)

Required: Women with a previous bilateral mastectomy anytime prior to or during the measurement year.

[Note: These exclusion criteria are not optional as they are in the HEDIS Health Plan measure. However, they still need to be applied after the numerator is calculated. This is because HEDIS Physician Measurement guidelines specify, for effectiveness of care measures, that as a general rule the exclusions should only be applied for patients where data indicate that the specified numerator service/procedure did not occur.]

(History or occurrence of bilateral mastectomy anytime prior to or during the measurement year	((Any Diagnosis Code ICD10 = Z9013
	or
	ICD9 Procedure Code = 8542, 8544, 8546, 8548
	or
	ICD10 Procedure Code = 0HTV0ZZ)
OR	
Unilateral mastectomy w/bilateral modifier anytime prior to or during the measurement year	CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307

	and Procedure Modifier Code = 50
OR	
2 previous unilateral mastectomies at least 14 days apart anytime prior to or during the measurement year, at least 14 days apart	(CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307 or ICD9 Procedure Code = 8541, 8543, 8545, 8547)
OR	
(Previous right mastectomy (on same or different dates of service anytime prior to or during the measurement year	(Any Diagnosis Code ICD10 = Z9011 or (CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307 and Procedure Modifier Code = RT) or ICD10 Procedure Code = 0HTT0ZZ)
AND	
Previous left mastectomy (on same or different dates of service anytime prior to or during the measurement year))	(Any Diagnosis Code ICD10 = Z9012 or (CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307 and Procedure Modifier Code = LT) or ICD10 Procedure Code = 0HTU0ZZ)

NUMERATOR:

For each woman who meets the denominator criteria, those who had at least one mammogram from 27 months prior to the end of the measurement year to the end of the measurement year.

At least one mammogram performed (from 27 months prior to the measurement period to the end of the measurement period)	(CPT Procedure Code = 77055-77057, 77061-77063, 77065-77067 or HCPCS Procedure Code = G0202, G0204, G0206 or ICD9 Procedure Code = 8736, 8737 or Revenue Code UB = 0401, 0403)
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CONTINUOUS ENROLLMENT:

Members continuously enrolled with medical coverage from 27 months prior to the end of the measurement year to the end of the measurement year, with no more than one 45-day gap in coverage per year during the measurement year and the year prior to the measurement year. No gaps in enrollment are allowed from 27 months prior to the end of the measurement year to 24 months prior to the end of the measurement year. Patients must be enrolled on the last day of the measurement year (anchor date).

Continuous enrollment from 15 months prior to the beginning of the measurement period to the end of the measurement period	Continuous Enrollment is 25 out of 27 months (one 45-day gap allowed per year for each of the last two years)
AND	
Has medical coverage From 15 months prior to the beginning of the measurement period to the end of the measurement period	Coverage Indicator Medical = Y

MEASURE BACKGROUND:

Breast cancer is the most common non-skin cancer and the second-deadliest cancer for women in the United States. Approximately 230,000 women in the U.S. are diagnosed with

invasive breast cancer every year.

There is more scientific evidence supporting the screening for breast cancer than for any other cancer. The relevant issues mentioned about breast cancer screening include the method of screening, the age to begin, the age to stop, and the frequency of screening. With respect to the method of screening, mammography is the "gold standard". While several imaging technologies (e.g., MRI) are under study, current evidence is insufficient to recommend any of these technologies for general population screening. There is strong consensus for routine screening during the ages of 50 to 69. The benefits are not as clear for routine screening in women ages 40 to 49. The issues for screening women ages 40 to 49 revolve around the incidence of breast cancer, the cost-effectiveness of the study, the number of false positives and related additional mammography and biopsies, and the increased radiation exposure. The United States Preventive Services Task Force (USPSTF), the American College of Physicians, and the Canadian Task Force on the Periodic Health Examination recommend breast cancer screening to start at age 50 years, although many organizations, including the American Cancer Society, the American College of Radiology, the American Medical Association, the National Cancer Institute, the American College of Obstetricians and Gynecologists, and the National Comprehensive Cancer Network (NCCN) recommend starting at age 40 years for average-risk patients. The usual recommended interval is 1 to 2 years.

Most studies have included women up to age 69, so there is less data on when to stop screening. The consensus seems to be that breast cancer screening should be continued as long as a woman has a life expectancy of at least 5 years. The recent USPSTF guideline recommends mammograms until age 74 years. The HEDIS measure specifications are for screening ages 40 to 69 years.

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