



## **New Mammography Quality and Cost Measures Proposed for MIPS: Submit Your Comments**

**Quality measures:** Screening **recall rate**, screening **PPV1** and **PPV3** rates; measure definitions mirror the yearly mammography medical audit measures. Measures are calculated using Medicare claims data (billing CPT codes and ICD10 diagnoses codes).

1. **Recall rate:** Percent of screening exams with a BI-RADS assessment category of 0, 3, 4 or 5

*Calculation:*

For women 40+ receiving a screening mammogram (without a personal history of malignant neoplasm of breast, a malignant neoplasm of breast or carcinoma in situ of breast on or 365 days prior to the screening mammogram)

### **Those who:**

Received a diagnostic follow up (with a diagnostic mammogram or diagnostic mammogram with DBT, ultrasound or MRI) within 45 days of screening.

### **MEASURE SPECIFICATIONS/CODING:**

#### **DENOMINATOR:**

##### **Denominator Criteria (Eligible Cases):**

Women 40 years of age and older

#### **AND**

**Patient services for *screening mammogram* (CPT/HCPCS): 77063, 77067**

#### **AND WITHOUT (on or 365 days prior to the screening mammogram)**

ICD-10 Z85.3: Personal history of malignant neoplasm of breast

ICD-10 C50: Malignant neoplasm of breast

ICD-10 D05: Carcinoma in situ of the breast

#### **NUMERATOR:**

Women who received diagnostic follow-up (including diagnostic DBT, diagnostic mammogram, ultrasound, and MRI) within 45 days of the screening mammogram

#### **Patient services for diagnostic follow-up (CPT/HCPCS):**

G0279, 77065, 77066, C8903, C8906, 76641, 76642

2. **Breast Cancer Screening with an Eventual Breast Cancer Diagnosis - Positive Predictive Value1 (PPV1):** Percent of screening exams with a BI-RADS assessment category of 0, 3, 4 or 5 and a tissue diagnosis of cancer within 12 months.

*Calculation:*

For women 40+ (without a personal history of malignant neoplasm of breast, a malignant neoplasm of breast or carcinoma in situ of breast on or 365 days prior to the screening mammogram) who received a diagnostic follow up (with a diagnostic mammogram or diagnostic mammogram with DBT, ultrasound or MRI) within 45 days of a screening mammogram

**Those who:**

Received (i) services related to breast cancer treatment or (ii) at least two evaluation and management (E/M) services on separate days, and both visits with a diagnosis indicating breast cancer, within 8 months of the screening mammogram.

**MEASURE SPECIFICATIONS/CODING:**

**DENOMINATOR:**

**Denominator Criteria (Eligible Cases):**

Women 40 years of age and older

**AND**

**Patient services for diagnostic follow-up (CPT/HCPCS):** G0279, 77065, 77066, C8903, C8906, 76641, 76642

**AND**

Patient services for screening mammogram (CPT/HCPCS): 77063, 77067

**AND WITHOUT**

ICD-10 Z85.3: Personal history of malignant neoplasm of breast

ICD-10 C50: Malignant neoplasm of breast

ICD-10 D05: Carcinoma in situ of the breast

on or 365 days prior to the screening mammogram

**NUMERATOR:**

Women who received (i) services related to breast cancer treatment **or** (ii) at least two evaluation and management (E/M) services on separate days, both with a diagnosis indicating breast cancer, within 8 months of the screening mammogram

**Patient diagnosis (ICD-10):** C50, D05

**AND EITHER**

**Patient services related to breast cancer treatment (CPT/HCPCS):**

19301, 19303, 19307, 38525, 38792, 38900, 77014, 77263, 77280, 77290, 77295, 77300, 77301, 77307, 77332, 77334, 77336, 77338, 77417, 77427, 77771, 78195, 96401, 96402, 96409, 96411, 96413, 96415, 96417, G6002, G6012, G6013, G6015, G6017, G9678, J9000, J9045, J9070, J9171, J9179, J9201, J9264, J9267, J9306, J9354, J9355, J9395, Q5116, Q5117

**OR**

**At least 2 of the following E/M services (CPT/HCPCS):**

98966-98969, 99201-99205, 99211-99215, 99304-99310, 99318, 99324-99328, 99334-99337, 99339-99345, 99347-99350, 99441-99444, 99446-99449, 99451-99452, 99490, G0402, G0438, G0439

3. **Use of Biopsy After Diagnostic Follow-up with an Eventual Breast Cancer Diagnosis – Positive Predictive Value 3 (PPV3):** Percent of screening exams where a biopsy that was recommended and performed resulted in a tissue diagnosis of cancer within 12 months of screening the exam.

*Calculation:*

For women 40+ who received a biopsy within 45 days of a diagnostic follow up (with a diagnostic mammogram or diagnostic mammogram with DBT, ultrasound or MRI).

**Those who:**

Received (i) services related to breast cancer treatment or (ii) at least two evaluation and management (E/M) services on separate days, and both visits with a diagnosis indicating breast cancer, within 4 months of the diagnostic follow up.

**MEASURE SPECIFICATIONS/CODING:**

**DENOMINATOR:**

**Denominator Criteria (Eligible Cases):**

Women 40 years of age and older

**AND**

**Patient services for diagnostic follow-up (CPT/HCPCS):** G0279, 77065, 77066, C8903, C8906, 76641, 76642

**AND**

**Patient services for biopsy (CPT/HCPCS):** 10006-10012, 19000, 19001, 19081-19086, 19290, 19291, 76942, 77021

**NUMERATOR:**

Women who received (i) services related to breast cancer treatment **or** (ii) at least two evaluation and management (E/M) services on separate days, both with a diagnosis indicating breast cancer, within 4 months of the diagnostic follow-up

**Patient diagnosis (ICD-10):** C50, D05

**AND EITHER**

**Patient services related to breast cancer treatment (CPT/HCPCS):** 19301, 19303, 19307, 38525, 38792, 38900, 77014, 77263, 77280, 77290, 77295, 77300, 77301, 77307, 77332, 77334, 77336, 77338, 77417, 77427, 77771, 78195, 96401, 96402, 96409, 96411, 96413, 96415, 96417, G6002, G6012, G6013, G6015, G6017, G9678, J9000, J9045, J9070, J9171, J9179, J9201, J9264, J9267, J9306, J9354, J9355, J9395, Q5116, Q5117

**OR**

**At least 2 of the following E/M services (CPT/HCPCS):** 98966-98969, 99201-99205, 99211-99215, 99304-99310, 99318, 99324-99328, 99334-99337, 99339-99345, 99347-99350, 99441-99444, 99446-99449, 99451-99452, 99490, G0402, G0438, G0439



## **Cost Measure: Breast Cancer Screening Episode-based Cost Measure**

### DESCRIPTION:

The Breast Cancer Screening episode-based cost measure represents the cost to Medicare for the items and services provided to women 40+ years of age during an episode of care (“episode”).

The episode starts with a screening mammography that opens or “triggers” the episode that continues through 365 days or the next screening mammography, and includes costs of all clinically related services for the patient after the trigger screening mammography.

The measure score is based on the sum of risk-adjusted costs that are “assigned” to the clinician/group who provided the trigger screening mammography for an episode. All episodes attributed to a clinician/group during the 12 months will be totaled.

To promote timeliness and coordination of care, only costs of screening and diagnostic services (and not breast cancer treatment services) are included in an episode if cancer is detected after 8-9 months of the screening mammography.

**Episode Window:** Time period during which costs are measured.

- Episode Start Date: day of trigger event (screening mammogram)
- Episode End Date: 12 months after trigger event or the next screening mammogram

**Trigger Events:** Medical care that patients receive that are included in the measure and begin the episode.

- Based on billing codes (CPT/HCPCS) for a screening mammography (CPT 77067) and a screening 3D breast mammography (CPT 77063).

**Clinical Services Assigned:** Clinically related costs that are assigned to the attributed clinician/group.

Assigned services categories:

- Screening and Diagnostics (imaging, biopsies, pathology)
- Evaluation and Management (E/M) services [office visits]
- Breast cancer interventions and treatment
- Services for complications

**Risk Adjustors:** Risk factors accounted for in measure risk adjustment.

- Range of comorbidities, patient age category, dual status, and patient disability status. Patients with a history of genetic risk of breast cancer, prior presence of dense breast tissue, history of abnormal mammogram, and family history of breast cancer.

**Exclusions:** Patients who are excluded from the measure calculation.

- Male patients, patients under 40 years of age, and patients with a history of breast cancer.

**For the full description, measure methodology, list of CPT/ICD10 codes and standard and measure-specific risk adjustment variables, please visit the ACR website here (URL and/or QR code).**