

**Health Benchmarks® Program**  
**Clinical Quality Indicator Specification 2011**

<b>Measure Title</b>	BREAST CANCER SCREENING		
<b>Disease State</b>	Breast Cancer	<b>Indicator Classification<sup>1</sup></b>	Screening
<b>Strength of Recommendation<sup>2</sup></b>	A (50 to 69) C (40 to 49)		
<b>Organizations Providing Recommendation</b>	American Academy of Family Physicians American Cancer Society American College of Obstetricians and Gynecologists American College of Preventive Medicine American College of Radiology American Medical Association Centers for Disease Control and Prevention Canadian Task Force on Preventive Health Care National Comprehensive Cancer Network National Cancer Institute US Preventive Services Task Force		
<b>Clinical Intent</b>	To ensure that all eligible women age 40-69 receive a mammography screening test during the measurement year or year prior.		
<b>Background</b>	<p><b>Disease Burden</b></p> <ul style="list-style-type: none"> <li>• In women, breast cancer is the second leading cause of cancer death, behind death from lung cancer.[1]</li> <li>• Beginning in the fourth decade of life, the risk of breast cancer increases with age.[2]</li> </ul> <p><b>Reason for Indicated Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>• Screening for breast cancer with mammography every 12-33 months significantly reduces mortality from breast cancer.[3]</li> </ul> <p><b>Evidence Supporting Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>• Among women younger than 50, a meta-analysis conducted by USPSTF found a 15 percent decrease in breast cancer mortality after 14 years of observation (RR 0.85, 95% CI 0.73-0.99).[2]</li> <li>• Eight randomized, controlled trials have been conducted on breast cancer screening, all using mammography with or without clinical breast examination.[4-15] Screening mammography was associated with a 9% to 32% reduction in breast cancer mortality.[2] In their meta-analysis, the United States Preventive Services Task Force (USPSTF) found that the relative risk of breast cancer death among women of all ages randomized to screening was 0.84 (95% CI, 0.77-0.91).[2]</li> <li>• One study, using a Markov model to compare the life expectancy of women undergoing different breast cancer screening strategies, found</li> </ul>		

that the cost-effectiveness ratios were \$21,400 for women 50 to 69 years of age and \$105,000 for women in their 40s per year of life saved. Both are in an accepted range for cost-effectiveness.[16]

**Clinical Recommendations**

- In its second edition, the USPSTF recommended screening for breast cancer in women over the age of 50 every 1-2 years.[17]
- In its third edition, the USPSTF recommends screening for breast cancer in women over age 40 every 1-2 years. They note that the evidence for screening in all women over age 50 to 69 is stronger than for those women in other age groups.[3]
- The Canadian Task Force on Preventive Health Care and the American College of Preventive Medicine support screening with mammography starting at age 50.[18-20]
- The American Medical Association, the American College of Obstetricians and Gynecologists, the American College of Radiology, the American Cancer Society, and National Comprehensive Cancer Network support screening with mammography and clinical breast exam starting at age 40.[21-26]
- In 2009, the USPSTF recommended against routine screening mammography in women aged 40 to 49 years. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms. [27]

**Source** Healthcare Effectiveness Data and Information Set (HEDIS®) 2011 Technical Specification for Physician Measurement

**Denominator**

**Denominator Definition** Continuously enrolled women age 42-69 years as of the end of the measurement year.

**Denominator Index Date** N/A

**Denominator Encounters/Claims Criteria** N/A

**Denominator Exclusion**

**Denominator Exclusion Definition** Members with 2 unilateral mastectomies or a bilateral mastectomy any time in the member's history prior to the end of the measurement year.

**Denominator Exclusion Claims Criteria** CPT-4 code(s): 19180, 19200, 19220, 19240, 19303-19307

CPT-4 modifier code(s): .50\*, 09950\*

ICD-9 surgical proc code(s): 85.41, 85.42, 85.43, 85.44, 85.45, 85.46, 85.47,

85.48

\*Note: .50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session.(HEDIS®, 2009)

### Numerator

**Numerator Definition** Members who received at least 1 mammogram during the measurement year or year prior.

**Numerator Claims Criteria**

CPT-4 code(s): 77055-77057

HCPCS code(s): G0202, G0204, G0206

ICD-9 diagnosis code(s): V76.11, V76.12

ICD-9 surgical proc code(s): 87.36, 87.37

UB revenue code(s): 0401, 0403

### Physician Attribution

**Physician Attribution Description**

**If client data does not contain PCP:**

Score all physicians who saw the member during the measurement year.

**If client data contains PCP:**

Score all primary care physicians who were assigned to the member during the measurement year.

**References**

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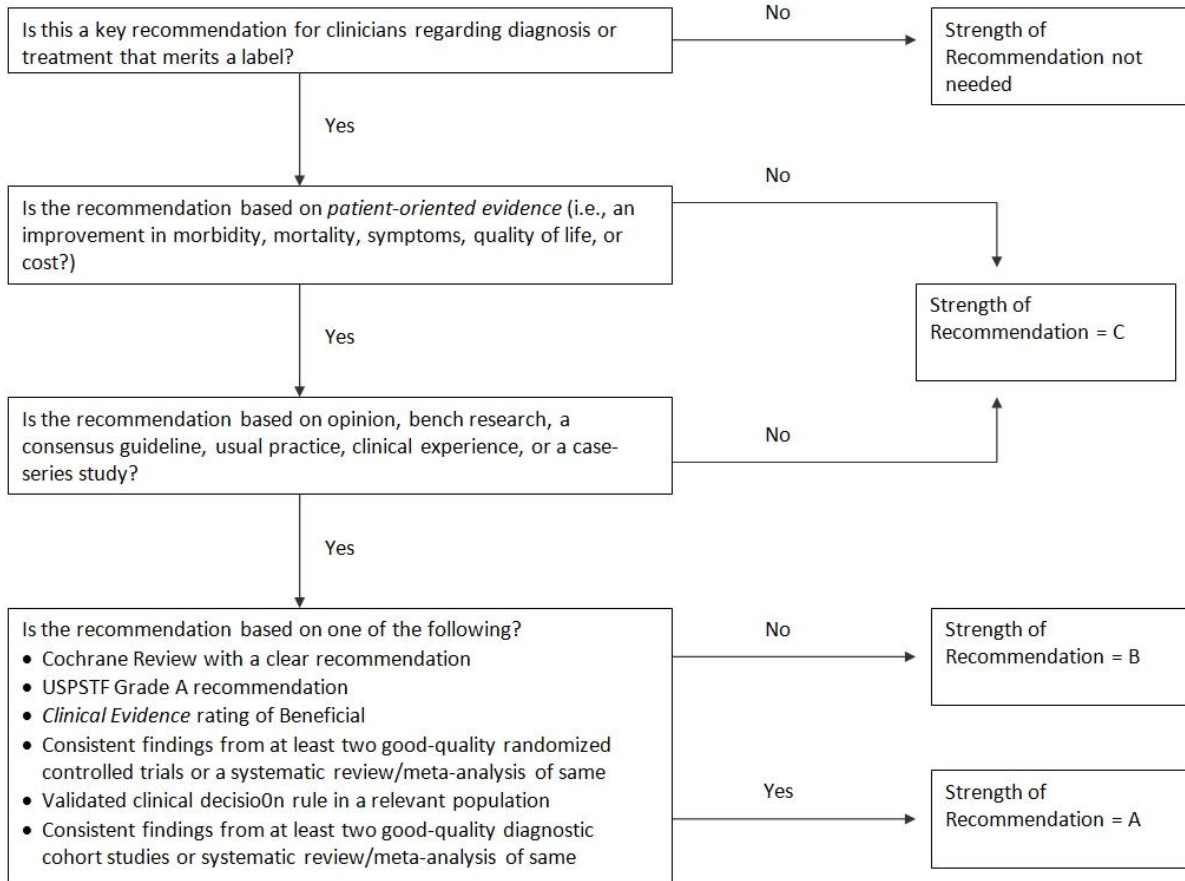
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<sup>1</sup> **Indicator Classification** (Adapted from HEDIS® technical specifications)

<b>Diagnosis</b>	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g., evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain).
<b>Effectiveness of Care</b>	
<b>Prevention</b>	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g., immunizations).
<b>Screening</b>	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g., pap smears; screening for elevated blood pressure).
<b>Disease Management</b>	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g., cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
<b>Medication Monitoring</b>	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g., thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy).
<b>Medication Adherence</b>	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).
<b>Utilization</b>	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

## <sup>2</sup> Strength of Recommendation

### Strength of Recommendation Based on a Body of Evidence



**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)