Breast Cancer Screening (CMS125)

The following is for educational purposed only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at https://ecqi.healthit.gov/ecqm/ec/2023/cms125v11

Measure Details

Description *

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period

Initial Population

Women 51 52-74 years of age by the end of the measurement period with a visit during the measurement period

Denominator

Equals Initial Population

Numerator

Women with one or more mammograms during the 27 months any time on or between October 1 two years prior to the measurement period and the end of the measurement period

Denominator Exclusion

- 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.
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in an institution for more than 90 consecutive days during a nursing home any time on or before the end of the measurement period.
- Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the
 measurement period who also meet any of the following advanced illness criteria:
 - Advanced illness with two outpatient encounters during the measurement period or the year prior OR
 - Advanced illness with one inpatient encounter during the measurement period or the year prior OR
 - Taking dementia medications during the measurement period or the year prior
- Exclude patients receiving palliative care during for any part of the measurement period

Overview

What is Documented	When is it Documented	Where in QMER
Qualifying Encounter	During Measurement Period (2023)	Coded SOAP Note
Mammogram	Between Oct 1, 2021 and Dec 31, 2023	History Module

Exclusions/Exceptions	Where in QEMR	
Bilateral Mastectomy (or Right and Left Unilateral Mastectomy)	History Module	
Patients who are in hospice care for any part of the measurement period	History Module	
Patients receiving palliative care for any part of the measurement period	History Module	
Patients 66 years and old living long term in a nursing home on or before the measurement period	History Module	
Patients 66 years and older with an indication of frailty during the measurement period and		

Patients 66 years and older with an indication of frailty during the measurement period and

- Advanced illness with two outpatient encounters during the measurement period or the year prior OR
- Advanced illness with one inpatient encounter during the measurement period or the year prior OR
- o Taking dementia medications during the measurement period or the year prior

2022 to 2023 Changes

New LOINC coded required for mammogram New SNOMED code for Bilateral Mastectomy New SNOMED code for Hospice Care

Set Up

All codification shown is an example for incrementation, for a full list of accepted codes please visit <u>Value Set Authority</u> <u>Center</u>.

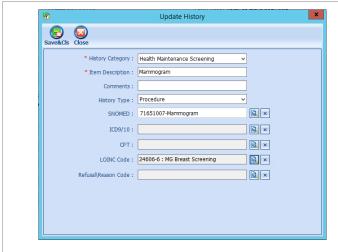
Qualifying Encounter

No set up is required.

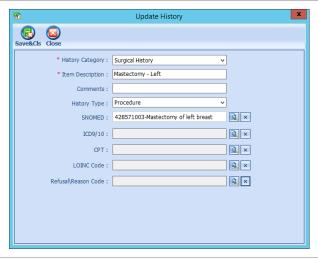
Building History Items

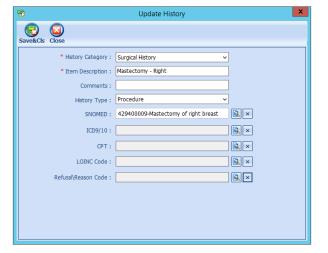
Build the history items below:

- 1. Log into QEMR > Navigate to Edit > History
- 2. Highlight desired History Category list on left side bar
- 3. Click New hot button
- 4. Complete the Update History Screen as seen below
- 5. Click Save & Close hot button



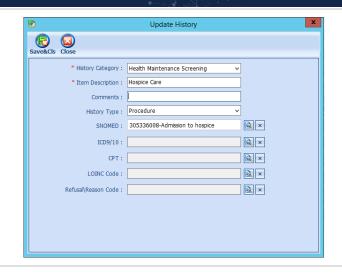


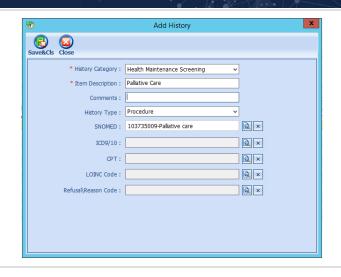






Quick Guide





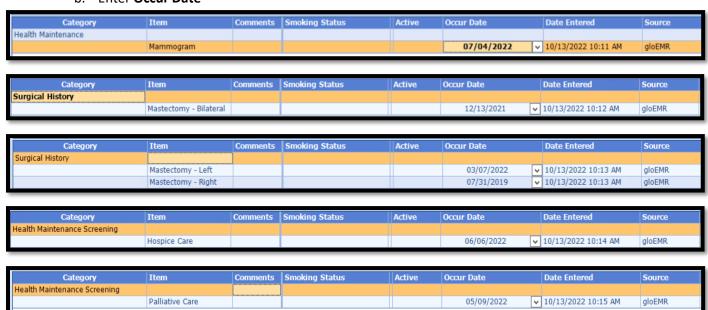
Workflow

Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either DxCPT, SmartDx or Smart CPT modules.

Document Mammogram, Mastectomy or Exclusions

- 1. Navigate to **History** Module > applicable History category
 - a. Double-click desired item
 - b. Enter Occur Date



Incrementing Details

Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be documented using appropriate date based upon Measure Description.

Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit <u>Value</u> Set Authority Center.

CMS Guidance *

This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening.