

2025 Measure Set Review (MSR): 00676-01-C-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00676-01-C-MIPS	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
Measure Steward	CMS Program
American Society of Breast Surgeons	Merit-based Incentive Payment System Link: Quality Payment Program Overview - QPP

CBE Endorsement Status	CBE Endorsement History
Not Endorsed	Never Submitted

Measure Overview	
Rationale for Use: A sentinel lymph node (SLN) procedure is defined as a method of axillary or other regional lymph node assessment that requires either a radioisotope and/or blue dye injection in the breast with subsequent identification of radioactive or blue stained node(s) in the axilla or other lymph node basin. There is level one evidence that breast cancer SLN biopsy is as accurate as axillary dissection for breast cancer staging and is associated with less morbidity than routine axillary dissection.	
CMS-Provided Rationale for Use in Program: CMS proposed this measure for removal from MIPS during PY2026 rulemaking at the measure steward's request as the measure no longer aligns with current clinical guidelines.	
Description: The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients before or after neoadjuvant systemic therapy, who undergo a sentinel lymph node (SLN) procedure.	
Numerator: Patients who undergo a SLN procedure. Exclusions: None	
Denominator: Patients aged 18 and older with primary invasive breast cancer. Exclusions: None	
CMS Program History: In Merit-based Incentive Payment System Program since 2017.	Cascade of Meaningful Measures Priority: Chronic Conditions

¹ The information in this PA is sourced from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025. Version 1.0 | September 2025 | *The analyses upon which this publication (or document) is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

Measure Overview	
Measure Type: Process	Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes, digital measure
Level(s) of Analysis/Measured Entity: Clinician Group or Clinical Practice Facility, Hospital, or Agency Level	Care Setting(s): Hospital: Inpatient Acute Care Facility, Surgical, Ambulatory
Does the Measure Fill a Statutorily Required Category for the Program? No	Is the Measure Included in Upcoming Rulemaking? Yes, proposed for removal for PY2026 due to no longer aligning with current clinical guidelines.

II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the past 3 years of publicly available data:

- The file 2022_puf.csv in [Quality Payment Program Experience.zip](#) and the file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (referred to as PY2022 in this assessment)
- [QPP Experience 2021.zip](#) and the file 2021 MIPS Historical Quality Benchmarks.xlsx in [2021 MIPS Quality Benchmarks.zip](#) (referred to as PY2021 in this assessment)
- [QPP Experience 2020.zip](#) and the file 2020 MIPS Historical Quality Benchmarks.xlsx in [2020 MIPS Quality Benchmarks.zip](#) (referred to as PY2020 in this assessment)

This measure has achievement scores that range from 0 to 10 based on the current benchmark.

The benchmark files were used to scale the achievement scores to performance rates that can be compared from year to year.

- For PY2022, 302 entities reported on this measure: all 302 had an achievement score of 3, but there was no benchmark for this measure in 2022 MIPS Historical Quality Benchmarks.xlsx.
- For PY2021, only one entity had a quality measure ID of 264 for PY2021: it had an achievement score of 3, but there was no benchmark for this measure in 2021 MIPS Historical Quality Benchmarks.xlsx.
- For PY2020, 28 entities had a quality measure ID of 264 with a mean performance rate of 96.2%.

Because of the limited amount of data, lack of variation between entities, and lack of benchmark information, further data analysis would not be informative.

III. Evaluation Criteria

Meaningfulness

Importance
<p>Guiding Questions: Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care organizations? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p> <p>Current clinical literature confirms that SLN biopsy (SLNB) is as accurate as axillary lymph node dissection (ALND) for staging early-stage, clinically node-negative breast cancer and is associated with significantly less morbidity.² However, a meta-analysis performed in 2022 found no significant difference in survival outcomes between patients undergoing SLNB versus those undergoing full ALND. Guidelines from the American Society of Clinical Oncology (ASCO) in 2025 have been updated to remove several patient groups from recommendations for SLNB including:³</p> <ul style="list-style-type: none"> • Postmenopausal women ≥50 years • Tumors ≤2 cm, grade 1–2, hormone receptor–positive, HER2-negative • Negative preoperative axillary ultrasound • Undergoing breast-conserving therapy <p>This updated recommendation intends to reduce the impaired motion and arm and shoulder pain associated with lymphedema, and to produce cost savings.</p> <p>In recognition of these changes to clinical practice guidelines, the measure steward noted the following in communications about this measure: the measure as currently written is not valuable to continue in 2026, given the dramatic changes in the clinical practice and the indications for SLN biopsy in invasive breast cancer changing. Several large international studies have reported out in the last 6 months leading to a change in practice: SLN biopsy is not recommended in a significant portion of patients with clinical T1 invasive breast cancer.</p> <p>Committee Member Considerations: Based on reviewing measure performance and professional and personal experiences, committee members should consider the balance of implementation costs or burdens with the benefit of measure use within the program. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p>Staff Rating: Not Met</p>

² Park, K. U., Somerfield, M. R., Anne, N., Brackstone, M., Conlin, A. K., Couto, H. L., ... & Torres, M. A. (2025). Sentinel lymph node biopsy in early-stage breast cancer: ASCO guideline update. *Journal of Clinical Oncology*, 43(14), 1720-1741.

Conformance
<p>Guiding Question: Do measure components and specifications align with the measure intent and target population?</p>
<p>The intent of this measure is to promote the use of sentinel lymph node (SLN) procedures for accurate and less invasive staging in clinically node-negative breast cancer patients. By encouraging SLN biopsy in eligible patients, the measure aims to reduce the morbidity associated with routine axillary dissection while maintaining high diagnostic accuracy, in alignment with evidence-based best practices for breast cancer care. The specifications align with this intent: the numerator includes patients who undergo a SLN procedure. The denominator includes patients aged 18 and older with primary invasive breast cancer. This measure supports the MIPS objective to improve the overall health and quality of care received by Medicare beneficiaries</p> <p>Committee Member Considerations: Committee members should review the list of active measures within this CMS program in the appendix and consider this measure's alignment with the group. The appendix lists all active measures reported relevant MIPS specialty sets.</p>
<p>Staff Rating: Met</p>

Feasibility
<p>Guiding Question: Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?</p>
<p>Sentinel lymph node biopsy results and related information are typically collected as part of the patient's medical record and have specific CPT codes. Reporting can be accomplished using current processes and staff. No major barriers to implementation are known.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in acute care hospital settings should reflect on potential challenges to feasibility of data collection and reporting.</p>
<p>Staff Rating: Met</p>

Validity
<p>Guiding Question: Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?</p>
<p>There is insufficient data to assess room for improvement on this measure within MIPS. Additionally, care following this measure would not be aligned with clinical guidelines, which would not drive optimal care.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in inpatient acute care facility settings should reflect on potential methods to perform breast cancer SLN biopsy.</p>
<p>Staff Rating: Not Met</p>

Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

Reliability
Guiding Question: Does the evidence show that changes in measure performance are due to improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?
Available data are insufficient to estimate reliability for this measure within MIPS.
Staff Rating: Insufficient Information Available

Usability
Guiding Questions: Are there any known barriers or facilitators that determine whether the person or entity could improve on the measure focus? Are these barriers addressable?
Based on the limited information available, the measure is integrated into existing reporting processes and is generally understood by participating entities. No significant barriers to use or improvement have been identified, although unreported challenges may exist.
Committee Member Considerations: Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within the program.
Staff Rating: Met

Data Stream Parsimony

Data Stream Parsimony
Guiding Question: Does the clinical data flow required for the measure promote non-burdensome data collection and reporting?
The measure uses data elements already routinely collected for a patient's record, requiring no additional manual data entry or special data collection processes. Electronic reporting further streamlines the process and minimizes staff burden.
Committee Member Considerations: Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add as well as potential mitigation strategies.

Patient Journey

Patient Health Journey
Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?
By focusing on SLN biopsy, the measure is limited to processes within a single care setting and does not address transitions or coordination with other providers. As a result, it may not fully capture the patient's experience across the entire health care journey relevant to this measure.
Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess continued performance of breast cancer SLN biopsy. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.

Appendix: Active Measures in the Merit-based Incentive Payment System

Use in MIPS Program
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> General Surgery <p>This measure is in the following MIPS Value Pathways:</p> <ul style="list-style-type: none"> Surgical Care. View this pathway at Explore MIPS Value Pathways (MVPs) - M1425 - QPP

Measures in the MIPS General Surgery Specialty Set	
CMIT ID	Measure Title
00037-01-C-MIPS	Advance Care Plan
00054-01-C-MIPS	Anastomotic Leak Intervention
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
01803-01-C-MIPS	Connection to Community Service Provider
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00502-01-C-MIPS	Patient-Centered Surgical Risk Assessment and Communication
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
01664-01-C-MIPS	Screening for Social Drivers of Health
00676-01-C-MIPS	<i>Sentinel Lymph Node Biopsy for Invasive Breast Cancer</i>
00001-01-C-MIPS	Surgical Site Infection (SSI)
00736-01-C-MIPS	Unplanned Hospital Readmission within 30 Days of Principal Procedure
00737-01-C-MIPS	Unplanned Reoperation within the 30 Day Postoperative Period