

Metric Name: MAMMOGRAPHY SCREENING

Care Category: Women’s Health

Definition: The percentage of women 40–64⁵ years of age who had a mammogram to screen for breast cancer.

Eligible Population Requirements

Age: 40-69⁶ as of the last date of the measurement period.

Gender: Female.

Anchor Date: The last date of the measurement period.

Continuous Enrollment: Measurement period and the 12 months prior to the measurement period.

Allowable Gaps: One (1) gap of less than 45 days in each 12 months of continuous enrollment. For this metric, a member can have no more than one (1) gap for the measurement period and one (1) gap for the 12 months prior to the measurement period.

Benefit(s): Medical.

Qualifying Events: None.

Exclusions: Prior evidence of mastectomy and no evidence of mammograms performed during the measurement period (see [Table B](#) under “Supporting Specifications” for a listing of applicable codes).

⁵ For BCBSFL’s Professional Programs, two (2) distinct rates will be determined. Practices will be evaluated and scored based on patients aged 50 – 65. Additionally for informational purposes, performance will be determined based on patients aged 40 – 65.

⁶ Since this metric incorporates a “look back” period of two years, all eligible members aged 50 and 51 are included in the definition because a 52 year old would be aged 50 two years prior to the last date of the Measurement Period. For any of these members, their age is verified on the “anchor date” to ensure no females under age 52 are included.

Metric Determination

Denominator:	Members meeting all eligible population requirements, less excluded members.
Numerator:	One or more mammograms (see Table A for a listing of applicable codes) during the measurement period or the 12 months prior to the measurement period.
Source(s):	HEDIS 2012 Technical Specification Manual. HEDIS 2012 Technical Update (Oct 2011), if applicable.

Supporting Specifications

Table A: Qualifying Numerator Events

CPT-IV	HCPCS	ICD-9 Procedure	UB-92 Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

Table B: Qualifying Events for Exclusion

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180, 19200, 19220, 19240, 19303-19307 (...with Modifier Code 50 or modifier code 09950 ⁷)	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy ⁸	19180, 19200, 19220, 19240, 19303-19307	85.41, 85.43, 85.45, 85.47

⁷ 50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session.

⁸ In order for this to be considered a valid exclusion, the member must have evidence of two (2) separate occurrences on two (2) different dates of service.