MEASURE DESCRIPTION:

#90 - BREAST CANCER SCREENING indicates The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer excludes patients who used hospice services anytime during the measurement year and women with a previous bilateral mastectomy anytime prior to or during the measurement year.

[Note: These exclusion criteria are not optional as they are in the HEDIS Health Plan measure. However, they still need to be applied after the numerator is calculated. This is because HEDIS Physician Measurement guidelines specify, for effectiveness of care measures, that as a general rule the exclusions should only be applied for patients where data indicate that the specified numerator service/procedure did not occur.]

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

This measure is based on the HEDIS measure Breast Cancer Screening (BCS) and NQF measure #2372.

PROPRIETARY STATUS: The measure specification methodology used by the IBM Corporation is different than NCQA’s methodology. NCQA has not validated the altered measure specifications, but has granted IBM Corporation permission to modify as needed.

CRITERIA REVIEW DATE: January 2018

MEASURE PACKAGE: Physician Focus

MINIMUM DATA REQUIREMENTS (months): 27

MEASURE DETAILS:

DENOMINATOR:

Women aged 52-74 as of the end of the measurement year

<table>
<thead>
<tr>
<th>Gender is female</th>
<th>Gender Code = F</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>Age is 52-74 As of the end of the measurement year</td>
<td>Age in Years = 52-74</td>
</tr>
</tbody>
</table>

EXCLUSIONS:

Required: Patients who used hospice services anytime during the measurement year.

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

<table>
<thead>
<tr>
<th>Hospice services during the measurement year</th>
<th>(CPT Procedure Code = 99377, 99378</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>HPCS Procedure Code = G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
</tbody>
</table>

Required: Women with a previous bilateral mastectomy anytime prior to or during the measurement year.

[Note: These exclusion criteria are not optional as they are in the HEDIS Health Plan measure. However, they still need to be applied after the numerator is calculated. This is because HEDIS Physician Measurement guidelines specify, for effectiveness of care measures, that as a general rule the exclusions should only be applied for patients where data indicate that the specified numerator service/procedure did not occur.]

<table>
<thead>
<tr>
<th>(History or occurrence of bilateral mastectomy anytime prior to or during the measurement year</th>
<th>(Any Diagnosis Code ICD10 = Z9013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>ICD9 Procedure Code = 8542, 8544, 8546, 8548</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>ICD10 Procedure Code = 0HTV0ZZ</td>
</tr>
</tbody>
</table>

OR

| Unilateral mastectomy w/bilateral modifier anytime prior to or during the measurement year | CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307 |

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OR

2 previous unilateral mastectomies at least 14 days apart anytime prior to or during the measurement year, at least 14 days apart

(CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307
or
ICD9 Procedure Code = 8541, 8543, 8545, 8547)

OR

Previous right mastectomy (on same or different dates of service anytime prior to or during the measurement year)

(Any Diagnosis Code ICD10 = Z9011
or
(CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307
and
Procedure Modifier Code = RT)
or
ICD10 Procedure Code = 0HTT0ZZ)

AND

Previous left mastectomy (on same or different dates of service anytime prior to or during the measurement year)

(Any Diagnosis Code ICD10 = Z9012
or
(CPT Procedure Code = 19180, 19200, 19220, 19240, 19303-19307
and
Procedure Modifier Code = LT)
or
ICD10 Procedure Code = 0HTU0ZZ)

NUMERATOR:

For each woman who meets the denominator criteria, those who had at least one mammogram from 27 months prior to the end of the measurement year to the end of the measurement year:

At least one mammogram performed from 27 months prior to the measurement period to the end of the measurement period

(CPT Procedure Code = 77055-77057, 77061-77063, 77065-77067
or
HCPCS Procedure Code = G0202, G0204, G0206
or
ICD9 Procedure Code = 8736, 8737
or
Revenue Code UB = 0401, 0403)

CONTINUOUS ENROLLMENT:

Members continuously enrolled with medical coverage from 27 months prior to the end of the measurement year to the end of the measurement year, with no more than one 45-day gap in coverage per year during the measurement year and the year prior to the measurement year. No gaps in enrollment are allowed from 27 months prior to the end of the measurement year to 24 months prior to the end of the measurement year. Patients must be enrolled on the last day of the measurement year (anchor date).

Continuous enrollment from 15 months prior to the beginning of the measurement period to the end of the measurement period

Continuous Enrollment is 25 out of 27 months (one 45-day gap allowed per year for each of the last two years)

AND

Has medical coverage from 15 months prior to the beginning of the measurement period to the end of the measurement period

Coverage Indicator Medical = Y

MEASURE BACKGROUND:

Breast cancer is the most common non-skin cancer and the second-deadliest cancer for women in the United States. Approximately 230,000 women in the U.S. are diagnosed with
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