

# HEDIS BCS Breast Cancer Screening

## MEASURE DESCRIPTION:

**#90- HEDIS BCS Breast Cancer Screening** indicates the percentage of women, aged 52 to 74 years at the end of the measurement period, who had a mammogram done during a 27- month measurement period. This excludes women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart any time prior to or during the measurement period, based on claims included in the database. It also excludes women who used any hospice services during the measurement year.

**PROPRIETARY STATUS:** The measure specification methodology uses HEDIS MY2023 Breast Cancer Screening (BCS) - Certified, Adjusted, Unaudited Rate; NCQA (owner)

## ALLOWABLE ADJUSTMENTS:

1. Organizations are not required to use product line criteria.
  - a. HEDIS Product Lines: Commercial, Medicaid, and Medicare report separately
  - b. Product lines were ignored, and no product line criteria was used when determine eligible population, numerator, continuous enrollment.
2. Age can be adjusted as long as age range was not changed or expanded.
  - a. HEDIS Definition: Age as of December 31of the measurement year.
  - b. The Age was defined based on the end of measurement year.
3. Organizations are not required to limit criteria for supplemental data or denied data.
  - a. All data has been used when evaluating eligible population, numerator, and exclusion criteria.
  - b. No restrictions on claim type for the files that are submitted for processing on the standard data files (facility, professional, drug, and lab).
4. Other allowable reporting
  - a. The results incorporate demographic and plan type information for the patient to allow focusing a specific population type.

**MEASURE PACKAGE:** Physician and Health Plan Focus

**MINIMUM DATA REQUIREMENTS (months):** 27

## MEASURE DETAILS:

**NOTE:** This measure requires race and ethnicity stratification reporting

### DENOMINATOR:

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

### REQUIRED EXCLUSIONS:

Excludes patients that are age 66-80 years of age with frailty and advanced illness or is in hospice or palliative care during the measurement year.

Hospice services during the measurement year	(CPT/HCPCS Procedure Code = G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046, 99377, 99378, G0182 or Revenue Code = 0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659
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	and Place of Service Code <> 81
OR	
Palliative Care during the measurement year	(ICD10 Diagnosis Code = Z51.5 or HCPCS Procedure Code = G9054, M1017) and Place of Service Code <> 81
OR	
At least two indications of Members 66–80 years of age with frailty during the measurement year  Note: Set index to check to look at birthdate to include Age 66 years of age and Older at the end of the measurement year	Frailty Any Diagnosis Code = R26.2, R26.89, R26.9, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 or CPT/HCPCS Code = 99504, 99509, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298) and Place of Service Code <> 81
AND	
Diagnosis of Advanced Illness with two Outpatient, ED, Observation, Nonacute Inpatient, Online Assessment, Telephone visits, or nonacute discharge during the measurement year or one	Advanced Illness Diagnosis Code Any = A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01,

<p>year prior to the Measurement year.</p>	<p>G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11,</p>
<p>Note: each visit needs to be on a different date of service from either current or prior measurement year</p>	<p>J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6 AND Inpatient Stay</p>
<p>Use discharge Dt when evaluating inpatient stay visits</p>	<p>Revenue Code UB = 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002 AND</p>
	<p>(NonAcute Inpatient Stay Revenue Code UB &lt;&gt; 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002 AND</p>
	<p>Bill Type code &lt;&gt; 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z Or</p>
	<p>Inpatient Stay Revenue Code UB = 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002) And</p>
	<p>(At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharge CPT/HCPCS Code = 98966, 98967, 98968, 98969, 98970, 98971, 98972, 98980, 98981, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99444, 99455, 99456, 99457, 99458, 99483, G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252, T1015 or</p>
	<p>Revenue Code UB = 0450, 0451, 0452, 0456, 0459, 0981, , 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983) or</p>
	<p>(Inpatient Stay Revenue Code UB = 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002 AND</p>
	<p>(NonAcute Inpatient Stay Revenue Code UB &lt;&gt; 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002</p>

	<p>AND</p> <p>Bill Type code &lt;&gt; 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z</p> <p>and</p> <p>Inpatient Stay</p> <p>Revenue Code UB = 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002)</p> <p>and</p> <p>Place of Service Code &lt;&gt; 81)</p>
OR	
<p>Diagnosis code of Advanced Illness and one Acute Inpatient encounter during the measurement year or one year prior to the measurement year.</p> <p>Use Discharge Dt when evaluating time frame for Inpatient Stay</p>	<p>Any Advanced Illness</p> <p>Diagnosis Code Any = A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6</p> <p>AND</p> <p>Acute Inpatient</p> <p>CPT/HCPCS Code = 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291</p> <p>and</p> <p>Place of Service Code &lt;&gt; 81</p>
OR	
<p>Diagnosis code of Advanced Illness and one Acute Inpatient discharge during the measurement year or one year prior to the measurement year.</p>	<p>Any Advanced Illness</p> <p>Diagnosis Code Any = A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6</p> <p>AND</p> <p>Inpatient Stay</p> <p>Revenue Code UB = 0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169,</p>

	0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002 and Non-Acute Inpatient Stay (Bill type Code <> 0180, 0181, 0182, 0183, 0184, 0185, 0187, 0188, 0210, 0211, 0212, 0213, 0214, 0215, 0217, 0218, 0220, 0221, 0222, 0223, 0224, 0225, 0227, 0228, 0280, 0281, 0282, 0283, 0284, 0285, 0287, 0288, 0289, 0650, 0651, 0652, 0653, 0654, 0655, 0657, 0658, 0660, 0661, 0662, 0663, 0664, 0665, 0667, 0668, 0860, 0861, 0862, 0863, 0864, 0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086O, 086X, 086Y, 086Z and Revenue Code UB <> 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002) and Place of Service Code <> 81
OR	
Dispensed dementia medication during the measurement year or one year prior to the measurement year	NDC List = Dementia Medication List

Women with a previous bilateral mastectomy any time prior to or during the measurement year.

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
Unilateral mastectomy with a left-side modifier (same procedure)	Unilateral mastectomy with a right-side modifier (same procedure)
Absence of the left breast	Absence of the right breast
Left unilateral mastectomy	Right unilateral mastectomy

History or occurrence of bilateral mastectomy any time prior to or during the measurement year	Any Diagnosis Code ICD10 = Z9013 or ICD9 Procedure Code = 85.42, 85.44, 85.46, 85.48 or ICD10 Procedure Code = 0HTV0ZZ and Place of Service Code <> 81
OR	
Unilateral mastectomy w/bilateral modifier any time prior to or during the measurement year.  (Same procedure code)	CPT Procedure Code = 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307 and Procedure Modifier Code = 50 and Place of Service Code <> 81
OR	
Unilateral with left side and right-side modifier (same unilateral code)	(CPT Procedure Code = 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307 and (Procedure Modifier Code = RT AND Procedure Modifier Code = LT) and Place of Service Code <> 81
AND	
Absence of left and right breast Or	ICD10 Procedure Code = 0HTT0ZZ And

Left and right unilateral mastectomy	ICD10 Procedure Code = 0HTU0ZZ) and Place of Service Code <> 81
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**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

Mammogram performed (from 27 months prior to the measurement period to the end of the measurement period)	CPT/HCPCS Procedure Code = 77061, 77062, 77063, 77065, 77066, 77067  LOINC Code = 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3
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**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).