
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of final reports for screening mammograms that are classified as “probably benign”

INSTRUCTIONS:
This measure is to be reported each time a screening mammogram is performed during the reporting period. It is anticipated that clinicians who provide the professional component of diagnostic imaging studies for screening mammograms will submit this measure.

Measure Reporting via Claims:
ICD-10-CM diagnosis codes and CPT or HCPCS codes are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT or HCPCS codes, and the appropriate CPT Category II codes. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes and CPT or HCPCS codes are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All final reports for screening mammograms

Denominator Criteria (Eligible Cases):
Diagnosis for screening mammogram (ICD-10-CM): Z12.31
AND
Patient encounter during the reporting period (CPT or HCPCS): 77057, G0202

NUMERATOR:
Final reports classified as “probably benign”

Numerator Instructions:
INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify.

A lower percentage, with a definitional target approaching 0%, indicates appropriate assessment of screening mammograms.
The mammogram assessment category (corresponding CPT Category II 33xxF code for **Other than “Probably Benign”**) to be reported is the single overall final assessment for the mammographic study. Separate breast assessment categories should not be reported for this measure. Of note, the performance tags indicating ‘Performance Met’ and ‘Performance Not Met’ are included to highlight what is being measured and reported and not to encourage the use and documentation of “probably benign”.

**Definition:**

“**Probably Benign**” Classification – Mammography Quality Standards Act (MQSA) assessment category of “probably benign”; Breast Imaging-Reporting and Data System (BI-RADS®) category 3; or Food and Drug Administration (FDA)-approved equivalent assessment category

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Mammogram Assessment Category of “Probably Benign” Documented**

- **Performance Met:** CPT II 3343F: Mammogram assessment category of “probably benign,” documented

**OR**

**Mammogram Assessment Category Other than “Probably Benign” Documented**

(One CPT II code [33xxF] is required on the claim form to submit this numerator option)

- **Performance Not Met:** CPT II 3340F: Mammogram assessment category of “incomplete: need additional imaging evaluation,” documented

**OR**

- **Performance Not Met:** CPT II 3341F: Mammogram assessment category of “negative,” documented

**OR**

- **Performance Not Met:** CPT II 3342F: Mammogram assessment category of “benign,” documented

**OR**

- **Performance Not Met:** CPT II 3344F: Mammogram assessment category of “suspicious”, documented

**OR**

- **Performance Not Met:** CPT II 3345F: Mammogram assessment category “highly suggestive of malignancy”, documented

**OR**

- **Performance Not Met:** CPT II 3350F: Mammogram assessment category of “known biopsy proven malignancy”, documented

**RATIONALE:**

The “probably benign” assessment category is reserved for findings that have a high probability (≥98%) chance of being benign and should not be used as a category for indeterminate findings. Inappropriate designation of findings as “probably benign” can result in unnecessary follow-up of lesions that could have been quickly classified or delayed diagnosis and treatment of cancerous lesions. Published guidance documents emphasize the need to conduct a complete diagnostic imaging evaluation before making a probably benign (Category 3) assessment; making it inadvisable to use the probably benign categorization when interpreting a screening mammogram. Immediate completion of a diagnostic imaging evaluation for abnormal screening mammograms eliminates potential anxiety that women would endure with the short interval follow-up that is recommended for “probably benign” findings.

**CLINICAL RECOMMENDATION STATEMENTS:**

A category 3, 4, or 5 assessment is not recommended for a screening mammogram, even though in some instances a highly suspicious abnormality may be identified that will warrant a recommendation for biopsy. Rather, all patients with screening abnormalities should be given a BI-RADS® category 0 assessment and recalled for further diagnostic studies. (ACR, 2013)
All the previously cited studies emphasize the need to conduct a complete diagnostic imaging evaluation before making a probably benign (category 3) assessment; hence it is recommended not to render such an assessment in interpreting a screening mammography examination. The practice of rendering category 3 assessments directly from screening examination also has been shown to result in adverse outcomes: 1) unnecessary follow-up of many lesions that could have been promptly assessed as benign, and 2) delayed diagnosis of a small number of cancers that otherwise may have been smaller in size and less likely to be advanced in stage (ACR, 2013).

The use of assessment category 3, probably benign, has been clarified in the lexicon of the 2013 edition. It is emphasized that this is not an indeterminate category used simply when the radiologist is unsure whether to render a benign (BI-RADS® category 2) or suspicious (BI-RADS® category 4) assessment, but one that is reserved for specific imaging findings known to have a greater than essentially 0% but ≤ 2% likelihood of representing malignancy. (ACR, 2013)

For mammography, there is robust literature describing three findings (noncalcified circumscribed solid mass, focal asymmetry and solitary group of punctate calcifications) that have likelihoods of malignancy in the defined (≤ 2%) probably benign range, for which short interval (6-month) follow-up mammography and then periodic mammographic surveillance represents appropriate management. Use of assessment category 3 for mammographic findings other than these three should be considered only if the radiologist has personal experience to justify a watchful-waiting approach, preferably involving observation of a sufficient number of cases of an additional mammographic finding to suggest a likelihood of malignancy within the defined (≤ 2%) probably-benign range. Two large-scale studies performed in the United States have validated that in the usual-care setting, category 3 assessments indeed are associated with a likelihood of malignancy of <2%. (ACR 2013)

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2016 Claims/Registry Individual Measure Flow
PQRS #146 NQF #0508: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms

**SAMPLE CALCULATIONS:**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (a=4 procedures) + Performance Not Met (c^3+c^4+c^5+c^6 = 4 procedures)}}{\text{Eligible Population / Denominator (8 procedures)}} = 87.50\%
\]

**Performance Rate** **=**

\[
\text{Performance Met (a=4 procedures) - Reporting Numerator (7 procedures)} = 57.14\%
\]

*See the posted Measure Specifications for specific coding and instructions to report this measure.

**A lower calculated performance rate for this measure indicates better clinical control and care.

NOTE: Reporting Frequency - Procedure

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2016 Claims/Registry Individual Measure Flow  
PQRS #146 NQF #0508: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Diagnosis:
   a. If Diagnosis for Screening Mammogram as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis for Screening Mammogram as Listed in Denominator equals Yes, proceed to check Encounter Performed.

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.

5. Start Numerator

6. Check Mammogram Assessment Category of “Probably Benign” Documented:
   a. If Mammogram Assessment Category of “Probably Benign” Documented equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.

7. Check Mammogram Assessment Category of “Incomplete: Need Additional Imaging Evaluation”, Documented:
   a. If Mammogram Assessment Category of “Incomplete: Need Additional Imaging Evaluation”, Documented equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c1 equals 1 procedure in the Sample Calculation.

8. Check Mammogram Assessment Category of “Negative”, Documented:
   a. If Mammogram Assessment Category of “Negative” Documented equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c2 equals 1 procedure in the Sample Calculation.
   c. If Mammogram Assessment Category of “Negative” Documented equals No, proceed to Mammogram Assessment Category of “Benign” Documented.

9. Check Mammogram Assessment Category of “Benign”, Documented:
   a. If Mammogram Assessment Category of “Benign” Documented equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c3 equals 0 procedures in the Sample Calculation.
   c. If Mammogram Assessment Category of “Benign” Documented equals No, proceed to Mammogram Assessment Category of “Suspicious” Documented.

10. Check Mammogram Assessment Category of “Suspicious”, Documented:
    a. If Mammogram Assessment Category of “Suspicious” Documented equals Yes, include in Reporting Met and Performance Not Met.
    b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c4 equals 0 procedures in the Sample Calculation.
    c. If Mammogram Assessment Category of “Suspicious” Documented equals No, Proceed to Mammogram Assessment Category of “Highly Suggestive of Malignancy” Documented.

11. Check Mammogram Assessment Category of “Highly Suggestive of Malignancy”, Documented:
    a. If Mammogram Assessment Category of “Highly Suggestive of Malignancy” Documented equals Yes, include in Reporting Met and Performance Not Met.
    b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c5 equals 1 procedure in the Sample Calculation.
    c. If Mammogram Assessment Category of “Highly Suggestive of Malignancy” Documented equals No, proceed to Mammogram Assessment Category of “Known Biopsy Proven Malignancy” Documented.

12. Check Mammogram Assessment Category of “Known Biopsy Proven Malignancy”, Documented:
    a. If Mammogram Assessment Category of “Known Biopsy Proven Malignancy” Documented equals Yes, include in Reporting Met and Performance Not Met.
    b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c6 equals 0 procedures in the Sample Calculation.
c. If Mammogram Assessment Category of “Known Biopsy Proven Malignancy” Documented equals No, proceed to Reporting Not Met.

13. Check Reporting Not Met:

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the reporting numerator in the sample calculation.

<table>
<thead>
<tr>
<th>SAMPLE CALCULATIONS:</th>
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<tbody>
<tr>
<td>Reporting Rate=</td>
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