

Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening

Coding Specifications

Codes required to document a screening mammogram occurred:

An ICD-9-CM diagnosis code and a CPT code for screening mammogram are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Screening mammogram ICD-9-CM diagnosis codes

- V76.11, V76.12

AND

CPT code or G-code for screening mammogram

- 77057, G0202

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 3343F:** Mammogram assessment category of “probably benign”, documented
- **CPT II 3340F:** Mammogram assessment category of “incomplete: needs additional imaging evaluation”, documented
- **CPT II 3341F:** Mammogram assessment category of “negative”, documented
- **CPT II 3342F:** Mammogram assessment category of “benign”, documented
- **CPT II 3344F:** Mammogram assessment category of “suspicious”, documented
- **CPT II 3345F:** Mammogram assessment category “highly suggestive of malignancy”, documented
- **CPT II 3350F:** Mammogram assessment category of “known biopsy proven malignancy”, documented

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