

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

### Coding Specifications

Codes required to document a screening mammogram occurred:

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

All measure-specific coding should be reported ON THE SAME CLAIM.

#### Screening mammogram line item ICD-9-CM diagnosis codes

- V76.11, V76.12

AND

#### CPT procedure 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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