

### Screening Mammography

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*This measure is to be reported for all female patients aged 40 through 69 years seen by the clinician — a minimum of **once** per reporting period.*

#### Measure description

Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months<sup>1</sup>

#### What will you need to report for each female patient aged 40 through 69 for this measure?

If you select this measure for reporting, you will report:

- Whether or not the patient had a mammogram to screen for breast cancer within the 24 months prior to the date of service

#### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to screen for breast cancer, due to:

- Medical reasons (ie, women who had a bilateral mastectomy or two unilateral mastectomies)

In these cases, you will need to indicate that the medical reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

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<sup>1</sup>“The patient should either be screened for breast cancer on the date of service OR there should be documentation that the patient was screened for breast cancer at least once within 24 months prior to the date of service.”