# IT-12.13: Mammography Follow-up Rate

| **Measure Title** | **IT-12.13 Imaging Efficiency: Percentage of Patients with an abnormal Mammography Screening Studies that are Followed by a Diagnostic Mammography, Ultrasound or Magnetic Resonance Imaging (MRI) of the Breast in an Outpatient or Office Setting within 45 Days** |
| --- | --- |
| **Description** | Percentage of patients with abnormal mammography screening studies that are followed by a diagnostic mammography, ultrasound or Magnetic Resonance Imaging (MRI) of the breast in an outpatient or office setting within 45 days. |
| **NQF Number** | Not Applicable |
| **Measure Steward** | Center for Medicaid & Medicare Services |
| **Link to measure citation** | <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=34197>  <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228695266120> |
| **Measure type** | Stand-Alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) – Improvement Over Self (IOS)   |  |  |  | | --- | --- | --- | |  | DY4 | DY5 | | Achievement Level Calculation | Baseline + 5% \*(performance gap)  =  Baseline + 5% \*(100% – Baseline rate) | Baseline + 10% \*(performance gap)  =  Baseline + 10% \*(100% – Baseline rate) | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Removed reference to “claims” * Removed references to Medicare |
| **Denominator Description** | The number of patients who had abnormal findings on a screening mammography study. |
| **Denominator Inclusions** | * Administrative codes for screening mammography study:   + HCPC codes: 77057, G0202 *See Technical Note regarding the use of -GG modifier* |
| **Denominator Exclusions** | The Measure Steward does not identify specific denominator exclusions beyond what is described in the denominator description. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Number of patients who had a diagnostic mammography study, ultrasound or magnetic resonance imaging (MRI) of the breast study following a screening mammography study with abnormal results within 45 days |
| **Numerator Inclusions** | The number of patients who had a diagnostic mammography study, ultrasound or magnetic resonance imaging (MRI) of the breast study\* following an abnormal screening mammography study within 45 days  **Technical Note:** The numerator measurement of a diagnostic mammography, ultrasound or MRI study is based on the date of the screening mammography from the denominator. The time window of within 45 days is inclusive of the same day that the screening was performed, that is, the numerator would include diagnostic mammography or ultrasound on the same day as the screening mammogram.  \*Administrative codes for breast study:   * Diagnostic Mammography Study:   + HCPC code: 77055, 77056, G0204, G0206 *See Technical Note regarding the use of -GG modifier* * Ultrasound of the Breast Study:   + CPT code: 76645 * MRI of Breast Study:   + CPT: 77058, 77059 |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative clinical data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |