

1997-2000 Mammography Rate Tables

Medicare Data Sources:

- Denominator Files *
- Standard Analytic Files **
 - Inpatient
 - Outpatient
 - Skilled Nursing
 - Physician/Supplier

Inclusion Criteria:

- Female
- Alive through end of reference period
- For biennial mammography rates, continuously enrolled in Medicare Part A & Part B for a full 24-month time period beginning January 1 of the start of the biennial period **OR** (who had a lapse in coverage or were enrolled in managed care for <=1 month each year) and (did not have 2 consecutive months of managed care coverage)
- For annual mammography rates, continuously enrolled in Medicare Part A & Part B for a full 12-month time period beginning January 1 of the reference year **OR** (who had a lapse in coverage or were enrolled in managed care for <=1 month during the year)
- Age calculated as of January 1 of the reference period.
- Residence based on the Medicare denominator file for the reference year(s).

Mammography Service defined as:

- Physician/supplier claim paid by Medicare with HCPCS=76090 or 76091 or 76092 **OR**
- Inpatient, outpatient or SNF claim with
 - ICD-9-CM procedure code=87.36 or 87.37 **OR**
 - Revenue Center Code=0401 or 0403 **OR**
 - Revenue Center Code=0320 or 0400 in conjunction with breast-related ICD-9-CM diagnosis codes=174.x, 198.81, 217, 233.0, 238.3, 239.3, 610.0, 610.1, 610.2, 611.72, 793.8, V10.3, V76.1x **OR**
 - ICD-9-CM diagnosis code=V76.11 or V76.12

* Please note: The Medicare Denominator File is created in April of the following year.

** Paid claims for mammography services are considered if the claim was processed by March 31 of the year following the date of service.