

Breast Cancer Screening (BCS-E)

SUMMARY OF CHANGES TO HEDIS MY 2024

- Refer to the Technical Release Notes file on the [HEDIS webpage](#).
- Revised the headers in the *Clinical Components* section of the *Rules for Allowable Adjustments of HEDIS*.
- Revised the exclusion criteria in the *Rules for Allowable Adjustments of HEDIS*.
- Added a *Denominator* section to the *Rules for Allowable Adjustments of HEDIS*.

Description	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
Measurement period	January 1–December 31.
Clinical recommendation statement	<p>The U.S. Preventive Services Task Force recommends screening women 50–74 years of age for breast cancer every 2 years. (B recommendation)</p> <p>The Fenway Institute recommends that for patients assigned female at birth who have not undergone chest reconstruction (including those who have had breast reduction), breast/chest screening recommendations are the same as for cisgender women of a similar age and medical history.</p> <p>The University of California San Francisco Center of Excellence for Transgender Health recommends that transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, undergo screening according to current guidelines for non-transgender women.</p> <p>The World Professional Association for Transgender Health recommends health care professionals follow local breast cancer screening guidelines developed for cisgender women in their care of transgender and gender diverse people with breasts from natal puberty who have not had gender-affirming chest surgery.</p>
Citations	<p>Fenway Health. 2021. <i>Medical Care of Trans and Gender Diverse Adults</i>. https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf</p> <p>University of California San Francisco Center of Excellence for Transgender Health. 2016. <i>Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People</i>. https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf</p> <p>U.S. Preventive Services Task Force. 2016. "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement." <i>Ann Intern Med</i> 164(4):279–96.</p>

	World Professional Association for Transgender Health. 2022. <i>Standards of Care for the Health of Transgender and Gender Diverse People, Version 8</i> . https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
Characteristics	
Scoring Type Stratification	Proportion. Process. <ul style="list-style-type: none"> • Breast Cancer Screening. <ul style="list-style-type: none"> – Product line: <ul style="list-style-type: none"> ▪ Commercial. ▪ Medicaid. ▪ Medicare. – SES (for Medicare only): <ul style="list-style-type: none"> ▪ SES—Non-LIS/DE, Nondisability. ▪ SES—LIS/DE. ▪ SES—Disability. ▪ SES—LIS/DE and Disability. ▪ SES—Other. ▪ SES—Unknown. – Race (for each product line): <ul style="list-style-type: none"> ▪ Race—American Indian or Alaska Native. ▪ Race—Asian. ▪ Race—Black or African American. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – Ethnicity (for each product line): <ul style="list-style-type: none"> ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.

Guidance	<p>Allocation: The member was enrolled with a medical benefit October 1 two years prior to the measurement period through the end of the measurement period.</p> <p>No more than one gap in enrollment of up to 45 days for each full calendar year (i.e., the measurement period and the year prior to the measurement period).</p> <p>No gaps in enrollment are allowed from October 1 two years prior to the measurement period through December 31 two years prior to the measurement period.</p> <p>The member must be enrolled on the last day of the measurement period.</p> <p>Reporting: For Medicare plans, the SES stratifications are mutually exclusive. NCQA calculates a total rate for Medicare plans by adding all six Medicare stratifications.</p> <p>For all plans, the race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.</p> <p>The race and ethnicity stratifications are reported by data source—direct, indirect or unknown. Race and ethnicity values of “Asked But No Answer” are only reported for Source=“Direct.” Race and ethnicity values of “Unknown” are only reported for Source=“Unknown” and Source=“Unknown” is only reported for race and ethnicity values of “Unknown.”</p> <p>Programming Guidance: Product line stratifications are not included in the measure calculation logic, and must be programmed manually.</p> <p>The race and ethnicity stratifications data source logic is not included in the measure calculation logic, and must be programmed manually.</p> <p>Refer to the HEDIS Implementation Guide in the digital measure package for additional programming guidance.</p>
Definitions	
Participation	The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.
Participation period	October 1 two years prior to the measurement period through the end of the measurement period.

Initial population	<p>Members 52–74 years of age by the end of the measurement period who were recommended for routine breast cancer screening and also meet the criteria for participation.</p> <p>Include members recommended for routine breast cancer screening with any of the following criteria:</p> <ul style="list-style-type: none"> • Administrative Gender of Female (AdministrativeGender code Female) at any time in the member's history. • Sex Assigned at Birth (LOINC code 76689-9) of Female (LOINC code LA3-6) at any time in the member's history. • Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period. 						
Exclusions	<ul style="list-style-type: none"> • Members who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. • Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy: <ul style="list-style-type: none"> – Bilateral mastectomy (<u>Bilateral Mastectomy Value Set</u>). – Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a bilateral modifier (CPT Modifier code 50) (same procedure). – Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a bilateral qualifier value (SNOMED CT Modifier code 51440002) (same procedure). <p>Note: The “clinical” mastectomy value sets identify mastectomy; the word “clinical” refers to the data source, not to the type of mastectomy.</p> <ul style="list-style-type: none"> – History of bilateral mastectomy (<u>History of Bilateral Mastectomy Value Set</u>). – Any combination of codes from the table below that indicate a mastectomy on both the left and right side on the same date of service or on different dates of service. <table border="1" data-bbox="472 1486 1468 1866"> <thead> <tr> <th data-bbox="472 1486 967 1583">Left Mastectomy (any of the following)</th><th data-bbox="967 1486 1468 1583">Right Mastectomy (any of the following)</th></tr> </thead> <tbody> <tr> <td data-bbox="472 1583 967 1740">Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a left-side modifier (CPT Modifier code LT) (same procedure)</td><td data-bbox="967 1583 1468 1740">Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a right-side modifier (CPT Modifier code RT) (same procedure)</td></tr> <tr> <td data-bbox="472 1740 967 1866">Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a left-side qualifier</td><td data-bbox="967 1740 1468 1866">Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a right-side qualifier</td></tr> </tbody> </table>	Left Mastectomy (any of the following)	Right Mastectomy (any of the following)	Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a left-side modifier (CPT Modifier code LT) (same procedure)	Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a right-side modifier (CPT Modifier code RT) (same procedure)	Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a left-side qualifier	Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a right-side qualifier
Left Mastectomy (any of the following)	Right Mastectomy (any of the following)						
Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a left-side modifier (CPT Modifier code LT) (same procedure)	Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a right-side modifier (CPT Modifier code RT) (same procedure)						
Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a left-side qualifier	Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a right-side qualifier						

	Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
	value(SNOMED CT Modifier code 7771000) (same procedure)	value(SNOMED CT Modifier code 24028007) (same procedure)
	Absence of the left breast (<u>Absence of Left Breast Value Set</u>)	Absence of the right breast (<u>Absence of Right Breast Value Set</u>)
	Left unilateral mastectomy (<u>Unilateral Mastectomy Left Value Set</u>)	Right unilateral mastectomy (<u>Unilateral Mastectomy Right Value Set</u>)
	<ul style="list-style-type: none"> Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (<u>Gender Dysphoria Value Set</u>) any time during the member's history through the end of the measurement period. Medicare members 66 years of age and older by the end of the measurement period who meet either of the following: <ul style="list-style-type: none"> Enrolled in an Institutional SNP (I-SNP) any time during the measurement period. Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the monthly membership detail data file. Use the run date of the file to determine if a member had an LTI flag during the measurement period. Members 66 years of age and older by the end of the measurement period, with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> Frailty. At least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set</u>) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS 81). Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> Advanced illness (<u>Advanced Illness Value Set</u>) on at least two different dates of service. Do not include laboratory claims (claims with POS 81). Dispensed dementia medication (<u>Dementia Medications List</u>). Members receiving palliative care (<u>Palliative Care Assessment Value Set</u>; <u>Palliative Care Encounter Value Set</u>; <u>Palliative Care Intervention Value Set</u>) any time during the measurement period. Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period. Do not include laboratory claims (claims with POS 81). 	
Denominator	The initial population, minus exclusions.	
Numerator	One or more mammograms (<u>Mammography Value Set</u>) any time on or between October 1 two years prior to the measurement period and the end of the measurement period.	

Data criteria (element level)**Value Sets:**

- **BCSE_HEDIS_MY2024-3.0.0**

- Absence of Left Breast (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1329>)
- Absence of Right Breast (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1330>)
- Bilateral Mastectomy (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1042>)
- Clinical Unilateral Mastectomy (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1948>)
- History of Bilateral Mastectomy (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1331>)
- Mammography (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1168>)
- Unilateral Mastectomy (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1256>)
- Unilateral Mastectomy Left (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1334>)
- Unilateral Mastectomy Right (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1335>)

- **NCQA_AdvancedIllnessandFrailty-3.0.0**

- Acute Inpatient (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1810>)
- Advanced Illness (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1465>)
- Dementia Medications (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1729>)
- ED (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1086>)
- Frailty Device (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1530>)
- Frailty Diagnosis (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1531>)
- Frailty Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1532>)
- Frailty Symptom (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1533>)
- Nonacute Inpatient (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1189>)
- Online Assessments (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1446>)
- Outpatient (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1202>)
- Telephone Visits (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1246>)

- **NCQA_Claims-3.0.0**

- Inpatient Stay (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1395>)
- Nonacute Inpatient Stay (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1398>)

- **NCQA_Hospice-3.0.0**

- Hospice Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761>)
- Hospice Intervention (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762>)

- **NCQA_PalliativeCare-3.0.0**

- Palliative Care Assessment (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2225>)
- Palliative Care Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1450>)

- Palliative Care Intervention
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2224>)

- **NCQA_Stratification-2.0.0**

- American Indian or Alaska Native Detailed Race
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2365>)
- Asian Detailed Race (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2366>)
- Black or African American Detailed Race
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2367>)
- Hispanic or Latino Detailed Ethnicity
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2368>)
- Native Hawaiian or Other Pacific Islander Detailed Race
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2369>)
- White Detailed Race (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2370>)

Direct reference codes and codesystems:

- **BCSE_HEDIS_MY2024-3.0.0**

- codesystem "CPT": 'http://www.ama-assn.org/go/cpt'
- codesystem "SNOMEDCT": 'http://snomed.info/sct/731000124108'
- code "Bilateral Procedure [50]": '50' from "CPT" display 'Bilateral Procedure [50]'
- code "Left (qualifier value)": '7771000' from "SNOMEDCT" display 'Left (qualifier value)'
- code "Left side (used to identify procedures performed on the left side of the body) [LT]": 'LT' from "CPT" display 'Left side (used to identify procedures performed on the left side of the body) [LT]'
- code "Right (qualifier value)": '24028007' from "SNOMEDCT" display 'Right (qualifier value)'
- code "Right and left (qualifier value)": '51440002' from "SNOMEDCT" display 'Right and left (qualifier value)'
- code "Right side (used to identify procedures performed on the right side of the body) [RT]": 'RT' from "CPT" display 'Right side (used to identify procedures performed on the right side of the body) [RT]'

- **NCQA_PalliativeCare-3.0.0**

- codesystem "ICD-10-CM": 'http://hl7.org/fhir/sid/icd-10-cm'
- code "Encounter for palliative care": 'Z51.5' from "ICD-10-CM" display 'Encounter for palliative care'

- **NCQA_Terminology-3.0.0**

- codesystem "ActCode": 'http://terminology.hl7.org/CodeSystem/v3-ActCode'
- codesystem "ClaimTypeCodes": 'http://terminology.hl7.org/CodeSystem/claim-type'
- codesystem "ConditionClinicalStatusCodes": 'http://terminology.hl7.org/CodeSystem/condition-clinical'
- codesystem "NullFlavor": 'http://terminology.hl7.org/CodeSystem/v3-NullFlavor'
- codesystem "RaceAndEthnicityCDC": 'https://www.hl7.org/fhir/us/core/CodeSystem-cdcrec'
- code "active": 'active' from "ConditionClinicalStatusCodes"
- code "American Indian or Alaska Native": '1002-5' from "RaceAndEthnicityCDC" display 'American Indian or Alaska Native'
- code "Asian": '2028-9' from "RaceAndEthnicityCDC" display 'Asian'
- code "Asked but no answer": 'ASKU' from "NullFlavor" display 'Asked but no answer'

- code "Black or African American": '2054-5' from "RaceAndEthnicityCDC" display 'Black or African American'
- code "Hispanic or Latino": '2135-2' from "RaceAndEthnicityCDC" display 'Hispanic or Latino'
- code "Institutional": 'institutional' from "ClaimTypeCodes"
- code "managed care policy": 'MCPOL' from "ActCode"
- code "Native Hawaiian or Other Pacific Islander": '2076-8' from "RaceAndEthnicityCDC" display 'Native Hawaiian or Other Pacific Islander'
- code "Non Hispanic or Latino": '2186-5' from "RaceAndEthnicityCDC" display 'Non Hispanic or Latino'
- code "Other": 'OTH' from "NullFlavor" display 'Other'
- code "Pharmacy": 'pharmacy' from "ClaimTypeCodes"
- code "Professional": 'professional' from "ClaimTypeCodes"
- code "retiree health program": 'RETIRE' from "ActCode"
- code "subsidized health program": 'SUBSIDIZ' from "ActCode"
- code "Unknown": 'UNK' from "NullFlavor" display 'Unknown'
- code "White": '2106-3' from "RaceAndEthnicityCDC" display 'White'

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table BCS-E-A-1/2: Data Elements for Breast Cancer Screening

Metric	Data Element	Reporting Instructions
BreastCancerScreening	InitialPopulation	Report once
	ExclusionsByEHR	Report once
	ExclusionsByCaseManagement	Report once
	ExclusionsByHIERegistry	Report once
	ExclusionsByAdmin	Report once
	Exclusions	(Sum over SsoRs)
	Denominator	Report once
	NumeratorByEHR	Report once
	NumeratorByCaseManagement	Report once
	NumeratorByHIERegistry	Report once
	NumeratorByAdmin	Report once
	Numerator	(Sum over SsoRs)
	Rate	(Percent)

Table BCS-E-A-3: Data Elements for Breast Cancer Screening

Metric	SES Stratification	Data Element	Reporting Instructions
BreastCancerScreening	NonLisDeNondisability	InitialPopulation	For each Stratification
	LisDe	ExclusionsByEHR	For each Stratification
	Disability	ExclusionsByCaseManagement	For each Stratification
	LisDeAndDisability	ExclusionsByHIERegistry	For each Stratification
	Other	ExclusionsByAdmin	For each Stratification
	Unknown	Exclusions	(Sum over SsoRs)
	Total	Denominator	For each Stratification
		NumeratorByEHR	For each Stratification
		NumeratorByCaseManagement	For each Stratification
		NumeratorByHIERegistry	For each Stratification
		NumeratorByAdmin	For each Stratification
		Numerator	(Sum over SsoRs)
		Rate	(Percent)

Table BCS-E-B-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Race

Metric
BreastCancerScreening

Race	Source	Data Element	Reporting Instructions
AmericanIndianOrAlaskaNative	Direct	InitialPopulation	For each Stratification
Asian	Indirect	Exclusions	For each Stratification
BlackOrAfricanAmerican	Unknown**	Denominator	For each Stratification
NativeHawaiianOrOtherPacificIslander	Total	Numerator	For each Stratification
White		Rate	(Percent)
SomeOtherRace			
TwoOrMoreRaces			
AskedButNoAnswer*			
Unknown**			

Table BCS-E-C-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Ethnicity

Metric
BreastCancerScreening

Ethnicity	Source	Data Element	Reporting Instructions
HispanicOrLatino	Direct	InitialPopulation	For each Stratification
NotHispanicOrLatino	Indirect	Exclusions	For each Stratification
AskedButNoAnswer*	Unknown**	Denominator	For each Stratification
Unknown**	Total	Numerator	For each Stratification
		Rate	(Percent)

*AskedButNoAnswer is only reported for Source= "Direct."

**Race/Ethnicity = "Unknown" is only reported for Source = "Unknown" and Source = "Unknown" is only reported for Race/Ethnicity = "Unknown."

Rules for Allowable Adjustments of HEDIS

The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

Rules for Allowable Adjustments of Breast Cancer Screening—ECDS

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	Age determination dates may be changed (e.g., select, “age as of June 30”). The denominator age range may be expanded to 40–74 years.
Allocation	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefit	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, race and ethnicity, socioeconomic, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Initial Population	Adjustments Allowed (Yes/No)	Notes
Event/diagnosis	NA	There is no event/diagnosis for this measure.
Exclusions	Adjustments Allowed (Yes/No)	Notes
Exclusions	No	Only specified exclusions may be applied. Value sets may not be changed.
Exclusions: Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness	Yes	These exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Denominator	Adjustments Allowed (Yes/No)	Notes
Denominator	No	The logic may not be changed.
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Mammogram	No	Value sets and logic may not be changed.