

## HEDIS® Tip Sheet

# Follow-up After Abnormal Mammogram Assessment (FMA-E)

Note: This is a new measure for 2025

## Measure Description

The percentage of episodes for members 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

**Product Lines:** Commercial, Medicaid, Medicare

## Codes Included in the Current HEDIS® Measure

Description	Code
High Risk BIRADS	RadLex Radiology Lexicon: RID36030-RID36034
Inconclusive BIRADS	RadLex Radiology Lexicon: RID36036

## Ways Providers can Improve HEDIS® Performance

- Utilize the recommendations from the National Comprehensive Cancer Network on breast cancer screening follow-up actions in alignment with the Breast Imaging Reporting and Data Systems (BI-RADS) scoring categories.
  - Category 0: Incomplete – need additional imaging evaluation and/or prior mammograms for comparison, advise additional imaging.
  - Category 1: Negative – advise routine screening
  - Category 2: Benign – advise routine screening
  - Category 3: Probably Benign – recommend diagnostic mammograms at 6 months, followed by repeat screenings every 6-12 months for 1-2 years, if appropriate.
  - Category 4: Suspicious – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
  - Category 5: Highly Suggestive of Malignancy – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
  - Category 6: Known Biopsy-Proven Malignancy – recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade and other relevant characteristics.
- Upload medical record that contains mammograms (e.g., patient history extracts) in Availity HEDIS Portlet, Cozeva, fax, etc. to close a data gap if the patient reports having a mammogram.

## Ways Health Plans can Improve HEDIS® Performance

- Educate members about the importance of early detection and encourage testing.
- Use needed services list to identify members in need of mammograms.
- Create a list of mammogram facilities to share with members.
- Identify and educate top 10 providers with open gaps.
- Develop relationships with mammogram facilities and establish value-based arrangement.
- Launch geographically, language, and culturally sensitive member educational campaigns of the importance of screening.



Please note that the HEDIS measurement looks at members 50-74 years of age, but “The U.S. Preventive Services Task Force recommends screening women 40–74 years of age for breast cancer every 2 years.”

Reference: U.S. Preventive Services Task Force. 2024. “Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. *American Medical Association* 331(22):1918-1930.

## Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement period.

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