

## ***Notification of Changes for HEDIS<sup>®1</sup>***

NCQA announces the following changes for HEDIS. *NCQA does not seek public comment for these changes.*

### **ECDS Reporting Changes for HEDIS MY 2024 and Beyond**

The following measures will transition to Electronic Clinical Data Systems (ECDS)-only reporting for MY 2024:

- Colorectal Cancer Screening.
- Follow-Up Care for Children Prescribed ADHD Medication.
- Metabolic Monitoring for Children and Adolescents on Antipsychotics.

NCQA is *considering* transitioning the following measures to ECDS-only reporting for MY 2025:

- Childhood Immunization Status.
- Immunizations for Adolescents.
- Cervical Cancer Screening.

Please see [www.ncqa.org/ecds](http://www.ncqa.org/ecds) for updates regarding ECDS reporting.

### **Measure Changes for HEDIS MY 2025**

Do not count visits provided via telehealth for the following measures:

- Well-Child Visits in the First 30 Months of Life.
- Child and Adolescent Well-Care Visits.

*Rationale:* Telehealth visits were added temporarily to these measures in response to the COVID-19 pandemic. Removing well-care visits performed via telehealth aligns the measures with updated guideline recommendations for well-care visits.

### **HEDIS Measure Template**

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The transition to a new template represents the first large formatting change to the HEDIS measure specifications in over 20 years. The new format aligns with NCQA's digital direction and streamlines the specifications to be more modular. The changes include:

- Simplifying the specification language.
- Moving the General Guidelines into the measures.
- Basing the narrative on digital measures and FHIR specifications.

The new template is the first step to moving HEDIS measures into digital packages/capabilities. The new format provides greater consistency for the measures used by diverse types of organizations using different data sets. It does not change measure intent, and will only change the format of the narrative specifications. Refer to the appendix for examples.

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<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Release of Volume 2: Technical Specifications

NCQA will release the *HEDIS Measurement Year 2023 Volume 2 Technical Update* memo on March 31.

NCQA will release *HEDIS Measurement Year 2024 Volume 2: Technical Specifications for Health Plans* on August 1.

## APPENDIX: CURRENT FORMAT

### *Breast Cancer Screening (BCS)*

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#### SUMMARY OF CHANGES TO HEDIS MY 2022

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- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified in *Optional exclusions* that unilateral mastectomy and bilateral modifier must be from the same procedure.

#### Description

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

#### Eligible Population

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Stratification</b>	<p>For only Medicare, report the following SES stratifications and total:</p> <ul style="list-style-type: none"> <li>• Non-LIS/DE, Nondisability.</li> <li>• LIS/DE.</li> <li>• Disability.</li> <li>• LIS/DE and Disability.</li> <li>• Other.</li> <li>• Unknown.</li> <li>• Total Medicare.</li> </ul> <p><b>Note:</b> <i>The stratifications are mutually exclusive, and the sum of all six stratifications is the Total population.</i></p>
<b>Ages</b>	Women 52–74 years as of December 31 of the measurement year.
<b>Continuous enrollment</b>	October 1 two years prior to the measurement year through December 31 of the measurement year.
<b>Allowable gap</b>	<p>No more than one gap in enrollment of up to 45 days for each full calendar year of continuous enrollment (the measurement year and the year prior to the measurement year). To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled) during each year of continuous enrollment.</p> <p>No gaps in enrollment are allowed from October 1 two years prior to the measurement year through December 31 two years prior to the measurement year.</p>
<b>Anchor date Benefit</b>	December 31 of the measurement year. Medical.

**Event/diagnosis** None.

**Required  
exclusions**

Exclude members who meet any of the following criteria:

- Members in hospice or using hospice services anytime during the measurement year. Refer to *General Guideline 17: Members in Hospice*.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

**Exclusions**

Exclude members who meet any of the following criteria:

**Note:** *Supplemental and medical record data may not be used for these exclusions.*

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year 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 year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
  1. At least one claim/encounter for frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.
  2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
    - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
      1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
      2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
      3. Identify the discharge date for the stay.
    - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
    - At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  3. Identify the discharge date for the stay.
- A dispensed dementia medication (Dementia Medications List).

**Dementia Medications**

Description	Prescription
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>
Dementia combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>

**Administrative Specification**

- Denominator**      The eligible population.
- Numerator**        One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

**Exclusion (optional)**

Bilateral mastectomy any time during the member’s history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy:

- Bilateral mastectomy (Bilateral Mastectomy Value Set).
- Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set) (same procedure).
- Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) with a bilateral modifier (Clinical Bilateral Modifier Value Set) (same procedure).  
*Note: The “clinical” mastectomy value sets identify mastectomy; the word “clinical” refers to the data source, not to the type of mastectomy.*
- History of bilateral mastectomy (History of Bilateral Mastectomy Value Set).
- Any combination of codes from the table below that indicate a mastectomy on **both** the left **and** right side on the same or different dates of service.

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
<ul style="list-style-type: none"> <li>• Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a left-side modifier (<u>Left Modifier Value Set</u>) (same procedure)</li> </ul>	<ul style="list-style-type: none"> <li>• Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) <b>with</b> a right-side modifier (<u>Right Modifier Value Set</u>) (same procedure)</li> </ul>
<ul style="list-style-type: none"> <li>• Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) <b>with</b> a left-side modifier (<u>Clinical Left Modifier Value Set</u>) (same procedure)</li> </ul>	<ul style="list-style-type: none"> <li>• Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) <b>with</b> a right-side modifier (<u>Clinical Right Modifier Value Set</u>) (same procedure)</li> </ul>
<ul style="list-style-type: none"> <li>• Absence of the left breast (<u>Absence of Left Breast Value Set</u>)</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of the right breast (<u>Absence of Right Breast Value Set</u>)</li> </ul>

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
<ul style="list-style-type: none"> <li>Left unilateral mastectomy (Unilateral Mastectomy Left Value Set)</li> </ul>	<ul style="list-style-type: none"> <li>Right unilateral mastectomy (Unilateral Mastectomy Right Value Set)</li> </ul>

### Note

- This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator does not remove women at higher risk of breast cancer, all types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. Do not count MRIs, ultrasounds or biopsies towards the numerator: although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not alone count toward the numerator.*

### Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

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

Metric	Data Element	Reporting Instructions
BreastCancerScreening	EligiblePopulation	Report once
	ExclusionAdminOptional	Report once
	ExclusionAdminRequired	Report once
	NumeratorByAdmin	Report once
	NumeratorBySupplemental	Report once
	Rate	(Percent)

**Table BCS-3: Data Elements for Breast Cancer Screening**

Metric	SES Stratification	Data Element	Reporting Instructions
BreastCancerScreening	NonLisDeNondisability	EligiblePopulation	For each Stratification
	LisDe	ExclusionAdminOptional	For each Stratification
	Disability	ExclusionAdminRequired	For each Stratification
	LisDeAndDisability	NumeratorByAdmin	For each Stratification
	Other	NumeratorBySupplemental	For each Stratification
	Unknown	Rate	(Percent)
	Total		

## Rules for Allowable Adjustments of HEDIS

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

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

### Rules for Allowable Adjustments for Breast Cancer Screening

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 of age.
Continuous enrollment, Allowable gap, Anchor Date	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, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/Diagnosis	NA	There is no event/diagnosis for this measure.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Optional Exclusions	No, if applied	Optional exclusions are not required, but if they are used, only specified exclusions may be applied. Value sets may not be changed.
Required Exclusions	Yes	The hospice and palliative care exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Exclusions: I-SNP, LTI, Frailty or Advanced Illness	Yes	These exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Mammogram	No	Value sets and logic may not be changed.

## NEW FORMAT (Beginning HEDIS MY 2025)

<b>Measure title</b>	Breast Cancer Screening	<b>Measure ID</b>	BCS-E
<b>Description</b>	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.		
<b>Measurement period</b>	January 1–December 31.		
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<b>Clinical recommendation statement</b>	The U.S. Preventive Services Task Force recommends screening women 50–74 years of age for breast cancer every 2 years. (B recommendation)
<b>Citations</b>	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.
<b>Characteristics</b>	
<b>Scoring Type Stratification</b>	<p>Proportion.</p> <p>Process.</p> <p>Product line.</p> <ul style="list-style-type: none"> <li>• Commercial.</li> <li>• Medicaid.</li> </ul>

	<ul style="list-style-type: none"> <li>• Medicare.</li> </ul>
<p><b>Risk adjustment</b></p> <p><b>Improvement notation</b></p> <p><b>Guidance</b></p>	<ul style="list-style-type: none"> <li>• SES (Medicare only).</li> <li>• SES – Non-LIS/DE, Nondisability.</li> <li>• SES – LIS/DE.</li> <li>• SES – Disability.</li> <li>• SES – LIS/DE and Disability.</li> <li>• SES – Other.</li> <li>• SES – Unknown.</li> </ul> <p>None.</p> <p>A higher rate indicates better performance.</p> <p><b>Programming Guidance:</b> For Medicare plans, I-SNP and LTI exclusions are not included in the measure calculation logic and need to be programmed manually. Administrative data must be used for these exclusions.</p> <p>Identification of hospice using the monthly membership detail data files is not included in the measure calculation logic and needs to be programmed manually.</p> <p>SES and product line stratifications are not included in the measure calculation logic and need to be programmed manually.</p> <p><b>General Rules:</b> When using claims, include all paid, suspended, pending and denied claims. When using SNOMED-CT codes to identify a person has a history of a procedure, the date of the procedure must be available. Dates must be specific enough to determine the event occurred in the period being measured. Unless otherwise noted exclude claims from laboratories (POS 81).</p> <p><b>Reporting:</b> 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><b>Definitions</b></p>	
<p><b>Initial population</b></p>	<p>Measure Item Count: Person</p> <p>Attribution basis: Enrollment</p> <p>Benefits: Medical</p> <p>Continuous enrollment: October 1, two years prior to the measurement year through December 31 of the measurement period.</p> <p>Allowable gaps:</p> <p>Measurement period: One ≥45 days. Cannot occur on December 31.</p>

	<p>Year prior to the measurement period: One ≥45 days.</p> <p>October 1 two years prior to the measurement period through December 31 two years prior to the measurement period: None.</p> <p>Stratification determination: December 31 of the measurement period.</p> <p>Ages: 52–74 years old as of the end of the measurement period</p> <p>Sex for Clinical Use: Female or S (breast)</p> <p>Event: None.</p>																																																																																	
<p><b>Denominator</b></p> <p><b>Denominator exclusions</b></p>	<p>Initial population</p> <p><b>Persons with a date of death in the measurement period.</b></p> <p>Identified using data sources identified by the organization. Method and data sources subject to review during the HEDIS audit.</p> <p><b>Persons in hospice or using hospice services.</b></p> <p><i>Hospice services in the measurement period.</i></p> <p><i>For MMDF file, use the run date for the date of service.</i></p> <table border="1" data-bbox="488 940 1468 1270"> <thead> <tr> <th>Resources</th> <th>Claim</th> <th>En-counter</th> <th>Con-dition</th> <th>Cov-erage</th> <th>Pro-cedure</th> <th>Obser-vation</th> <th>MMDF</th> <th>Medica-tion</th> </tr> </thead> <tbody> <tr> <td><u>Hospice Encounter Value Set</u></td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Hospice Intervention Value Set</u></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hospice Flag</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table> <p><b>Persons receiving palliative care.</b></p> <p><i>Palliative care anytime in the measurement period.</i></p> <table border="1" data-bbox="488 1390 1468 1843"> <thead> <tr> <th>Resources</th> <th>Claim</th> <th>En-counter</th> <th>Con-dition</th> <th>Cov-erage</th> <th>Pro-cedure</th> <th>Obser-vation</th> <th>MMDF</th> <th>Medica-tion</th> </tr> </thead> <tbody> <tr> <td><u>Palliative Care Assessment Value Set</u></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td><u>Palliative Care Encounter Value Set</u></td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICD-10-CM code Z51.5</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>Palliative Care Intervention Value Set</u></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	MMDF	Medica-tion	<u>Hospice Encounter Value Set</u>	X	X							<u>Hospice Intervention Value Set</u>	X				X				Hospice Flag							X		Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	MMDF	Medica-tion	<u>Palliative Care Assessment Value Set</u>	X					X			<u>Palliative Care Encounter Value Set</u>	X	X	X						ICD-10-CM code Z51.5	X		X						<u>Palliative Care Intervention Value Set</u>					X			
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**Persons with acquired absence of both breasts.**

*Bilateral mastectomy on or before the end of the measurement period.*

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obs-ervation	M MDF	Medica-tion
<u>Bilateral Mastectomy Value Set</u>	X				X			
<u>Unilateral Mastectomy Value Set with Bilateral Modifier Value Set</u>	X				X			
<u>Clinical Unilateral Mastectomy Value Set with Clinical Bilateral Modifier Value Set</u>					X			
<u>History of Bilateral Mastectomy Value Set</u>	X		X					

*Both right and left unilateral mastectomy on or before the end of the measurement period.*

**Left unilateral mastectomy**

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obs-ervation	M MDF	Medica-tion
<u>Unilateral Mastectomy Left Value Set</u>	X				X			
<u>Unilateral Mastectomy Value Set with Left Modifier Value Set</u>	X				X			
<u>Absence of Left Breast Value Set</u>	X		X					
<u>Clinical Unilateral Mastectomy Value Set with Clinical Left Modifier Value Set</u>					X			

**Right unilateral mastectomy**

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	M MDF	Medica-tion
<u>Unilateral Mastectomy Right Value Set</u>	X				X			
<u>Unilateral Mastectomy Value Set with Right Modifier Value Set</u>	X				X			
<u>Absence of Right Breast Value Set</u>	X		X					
<u>Clinical Unilateral Mastectomy Value Set with Clinical Right Modifier Value Set</u>					X			

**Persons in Medicare age 66 years and older by the end of the measurement period enrolled in an institutional SNP (I-SNP) or living long-term in an institution (LTI).**

*LTI any time in the measurement period.*

*For MMDF file, use the run date for the date of service.*

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	M MDF	Medica-tion
Enrolled in an Institutional (I-SNP)							X	
LTI Flag							X	

**Persons 66 years of age or older by the end of the measurement period with both frailty and advanced illness**

*Frailty in the measurement period.*

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	M MDF	Medica-tion
<u>Frailty Device Value Set</u>	X							
<u>Frailty Diagnosis Value Set</u>	X		X					
<u>Frailty Encounter Value Set</u>	X				X			
<u>Frailty Symptom Value Set</u>	X					X		

**Advanced illness.**

*Any of the following in the measurement period or the year prior to the measurement period.*

**At least one visit with a diagnosis of advanced illness.**

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	MMDF	Medica-tion
<u>Acute Inpatient Value Set</u>	X	X			X			
<u>Acute Discharge: Inpatient Stay Value Set without Nonacute Inpatient Stay Value Set</u> Include only discharge claims. Discharge date is the date of service.	X				X			

**At least two visits with a diagnosis of advanced illness 14 days apart.**

Resources	Claim	En-counter	Con-dition	Cov-erage	Pro-cedure	Obser-vation	MMDF	Medica-tion
<u>Outpatient Value Set</u>	X	X						
<u>Observation Value Set</u>	X	X						
<u>Telephone Visits Value Set</u>	X	X						
<u>Online Assessments Value Set</u>	X	X						
<u>Nonacute Inpatient Value Set</u>	X	X						
<u>Nonacute Discharge: Inpatient Stay Value Set with Nonacute Inpatient Stay Value Set</u> Include only discharge claims. Discharge date is the date of service.	X							

	<b>Advanced illness diagnosis.</b>								
	<b>Resources</b>	<b>Claim</b>	<b>En-counter</b>	<b>Con-dition</b>	<b>Cov-erage</b>	<b>Pro-cedure</b>	<b>Obser-vation</b>	<b>MMDF</b>	<b>Medica-tion</b>
	<u>Advanced Illness Value Set</u>	X		X					
	<b>At least one medication.</b>								
	<b>Resources</b>	<b>Claim</b>	<b>En-counter</b>	<b>Con-dition</b>	<b>Cov-erage</b>	<b>Pro-cedure</b>	<b>Obser-vation</b>	<b>MMDF</b>	<b>Medica-tion</b>
	<u>Dementia Medications List</u>								X
	Medication Table will be here.								
<b>Numerator</b>	<b>Persons with at least one mammogram.</b>								
	<i>Mammogram on or between October 1 two years prior to the measurement period and the end of the measurement period.</i>								
	<b>Resources</b>	<b>Claim</b>	<b>En-counter</b>	<b>Con-dition</b>	<b>Cov-erage</b>	<b>Pro-cedure</b>	<b>Obser-vation</b>	<b>MMDF</b>	<b>Medica-tion</b>
<u>Mammography Value Set</u>	X					X			
<b>Summary of changes</b>	<b>Resources</b>				<b>Narrative</b>			<b>Logic</b>	
	Updated age range to include women 45 years old				X			X	
	Optimized code for reviewing claims							X	
	Replaced "Exclude" with "Remove"				X				
	Replaced "Removed" with "Disposed of"				X				
<b>Data element tables</b>									