

Breast Cancer Screening (BCS)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

MEASURE DESCRIPTION

This measure assesses patients 50-74 years of age recommended for routine breast cancer screening who had a biennial mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement period and the end of the measurement periodⁱ.

Include patients recommended for routine breast cancer screening with any of the following criteria:

- Gender of female any time in the patient's history.
- Sex assigned at birth of female any time in the patient's history.
- Sex parameter for clinical use of female during the measurement period.

EXCLUSIONS

Patients are also excluded if they:

- Use hospice services or palliative care during the measurement year.
- Died during the measurement year.
- Are Medicare patients 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution.
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the [Advanced Illness and Frailty Exclusions Guide](#)).
- Had a bilateral mastectomy or both right and left unilateral mastectomies any time during the patient's history through the end of the measurement period.
- Had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the patient's history through the end of the measurement period.

Note: Documentation must indicate a mastectomy on both the left and right side on the same or different dates of service.

MEDICAL RECORDS

Patient medical records should include:

- Mammography report with results dated on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
- Chart note indicating the date a mammogram was performed on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
- Documentation of mastectomy(s) and date performed (if exact date is unknown, the year is acceptable).

CODING

For exclusions, use the appropriate code:

Type	Code	Description
ICD-10 ⁱⁱ	Z90.11	Acquired absence of right breast and nipple
ICD-10	Z90.12	Acquired absence of left breast and nipple
ICD-10	Z90.13	Acquired absence of bilateral breasts and nipples
ICD-10	F64.1, F64.2, F64.8, F64.9, Z87.890	Gender dysphoria
CPT ^{®iii}	19180, 19200, 19220, 19240, 19303-19307	Unilateral mastectomy
Modifiers	50, LT, RT	Unilateral mastectomy
ICD-10	0HTU0ZZ	Resection of left breast, open approach
ICD-10	0HTT0ZZ	Resection of right breast, open approach

For screenings, use the appropriate code:

Type	Code	Description
CPT [®]	77061-77063 77065-77067	Mammography

TIPS FOR SUCCESS

Patient care

- If mammography is offered at the practice, provide coordinated efforts to schedule mammograms:
 - Ensure contact lists for women who are due or due soon for screening are updated and outreach is conducted by a scheduler.
 - If patients are making other appointments, train schedulers to review for screening needs and, if indicated, offer to schedule a mammogram during the call.
- If mammography is not offered at the practice:
 - After visit needs have been addressed, either in-person or virtually, offer to call a mammography center and start the scheduling process while they wait.
- Provide a list of locations and phone numbers where mammogram screenings can be performed. If telehealth, telephone, or e-visits are utilized instead of face-to-face visits, mail this information.
- Follow up on outstanding orders when no report has been received.
- Educate women regarding the benefit of early detection of breast cancer through routine mammograms.
 - Mammograms are the most effective method for detecting breast cancer in early stages when it is most treatable.
 - Many women with breast cancer do not have symptoms, which underscores the importance of regular breast cancer screening.
 - The recommended frequency of routine mammograms is at least once every 24 months for all women ages 50-74. Depending on risk factors, mammograms may be done more frequently.

- Ask your patients open-ended questions about their barriers to getting mammography, including health beliefs.
- MRIs, ultrasounds, or biopsies do not count in this measure. 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 towards the compliance.

Documentation and coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans and in your clinic. This includes patient self-reported care.
- Code for exclusions such as history of mastectomy.
- This measure is now an electronic measure. Some EMRs and health plans may use new rules for electronic measures, set by HEDIS, to determine when a member has closed the care gap. These rules prioritize information shared electronically and use claims information as a secondary source. Sometimes the date of service for electronic data may be different than the claims date of service and not necessarily the most recent. Check with your EMR vendor and health plan payer to determine which type of reporting your clinic uses.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 558-568.

ⁱⁱ ICD-10-CM created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.

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