Healthcare Effectiveness Data and Information Set (HEDIS®)

Preventive screenings

Breast Cancer Screening (BCS-E)

Breast Cancer Screening (BCS-E) Measure year 25 | Weight = 1

Measurement period

Mammogram(s) performed on or between Oct. 1 two years prior to the measurement year and Dec. 31 of the measurement year (27-month period). Example of compliance window for MY25: Oct. 1, 2023–Dec. 31, 2025.

Eligible population

Women 52*–74 years of age who had a mammogram to screen for breast cancer (including digital breast tomosynthesis)

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

- Administrative gender of female anytime in the patient's history
- Sex assigned at birth of female anytime in the patient's history
- Sex parameter for clinical use of female during the measurement period

Note: Breast Cancer Screening (BCS-E) is reported via Electronic Clinical Data Systems (ECDS), which is a method of reporting clinical data electronically. Providers do not need to change their documentation or claim/encounter processes.

Service needed for measure compliance

Dated notation in the medical record of:

- Most recent mammogram with date of service (minimum month and year)
- Mastectomy status and date of service (minimum year performed)

All types and methods of mammograms including screening, diagnostic, film, digital, digital tomosynthesis, 2D or 3D views or computer-aided detection (CAD) can be used to satisfy this measure. While magnetic resonance imaging (MRI), ultrasounds or biopsies may be used to help further screen and diagnose breast cancer, they do not count toward this measure.**

Exclusions

- Patients in hospice, using hospice services or receiving palliative care anytime during the measure year
- Patients who died anytime during the measurement period
- Patients who had a bilateral mastectomy or both right and left unilateral mastectomies anytime during the patient's history through the end of the measurement period—a single unilateral mastectomy does not count as an exclusion
- Patients who had gender-affirming chest surgery (Current Procedural Terminology (CPT®) code 19318) with a diagnosis of gender dysphoria anytime during the patient's history through the end of the measurement period
- Patients 66 years of age and older as of Dec. 31 of the MY who live longterm in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP)
- Patients 66 years of age and older who have <u>frailty and advanced illness</u>

Measure best practices

- Obtain and review past medical records for new patients, including mammogram history.
- Ensure office processes include key tests and exams into the patient record, and confirm the look-back period is two years.
- When referring/ordering mammograms, ensure office practices have a process for appropriate follow-up and documentation of test. Document date of service (at minimum month and year) of the most recent mammogram in the medical record.
- Document mastectomy status and date of service (minimum year performed) in the medical record. Supplemental data can be used to communicate historical evidence of testing and mastectomies completed.

- * The patient must be 52 years of age in the measure year. However, since the measure has a "look-back" period of two years, the patient may have been 50 years of age at the time of the screening.
- ** Results are not required and, if patientreported, type and date of screening must be reported in the medical record. Submitted records must include most recent mammogram with date of service (minimum of month and year) or mastectomy status and date of procedure (minimum is year performed).

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Code	Code type	Definition
77061-77063	CPT	Breast, mammography
77065	CPT	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	СРТ	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	СРТ	Screening mammography, bilateral (two-view study of each breast), including computer-aided detection (CAD) when performed

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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