Breast Cancer Screening (BCS-E)

New for 2025

- Expanded the age range to 40 -74

Definition

Percentage of members ages 40-74 who were recommended for routine breast cancer screening and had a mammogram screening completed on or by Oct. 1, 2 years prior to the measurement year through Dec. 31 of the measurement year.

Yes!
Supplemental Data Accepted

Plans(s) affected	Quality program(s) affected	Collection and reporting method
• Commercial • Exchange/Marketplace • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings	• Electronic data only

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Mammography	
CPT®/CPT II	77061, 77062, 77063, 77065, 77066, 77067
LOINC	103885-0, 103886-8, 103892-6, 103893-4, 103894-2, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3
SNOMED	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

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Breast Cancer Screening (BCS-E) (cont.)

Required exclusion(s)

Exclusion	Time frame
• Members in hospice or using hospice services • Members who died • Members receiving palliative care	Any time during the measurement year

Members 66 years of age and older as of Dec. 31 of the measurement year with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to qualify as an exclusion:
 	
• **Frailty:** At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).
 	
• **Advanced Illness:** Indicated by 1 of the following:
  – At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).
  – Dispensed dementia medication Donepezil, Donepezil-Memantine, Galantamine, Rivastigmine or Memantine
	Frailty diagnoses must be in the measurement year and on different dates of service
	
	Advanced illness diagnosis must be in the measurement year or year prior to the measurement year

Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

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Breast Cancer Screening (BCS-E) (cont.)

Exclusion	Time frame

Bilateral mastectomy
• History of bilateral mastectomy
• Unilateral mastectomy with a bilateral modifier
  – Documentation of unilateral mastectomy may come from claims or the medical record
• Any combination of the following that indicate a mastectomy on both the left and right side:
  – Absence of the left and right breast
  – Unilateral mastectomy (claims or medical record) with a bilateral modifier or a bilateral qualifier value
  – Left unilateral mastectomy
  – Right unilateral mastectomy
• Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria
	Any time in a member's history through Dec. 31 of the measurement year

⚠️ Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
• This measure does not include biopsies, breast ultrasounds or MRIs • If documenting a mammogram in a member's history, please include the month and year. The result is not required.	Mammogram – all types and methods including screening, diagnostic, film, digital or digital breast tomosynthesis	• Consultation reports • Diagnostic reports • Health history and physical

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Breast Cancer Screening (BCS-E) (cont.)

Tips and best practices to help close this care opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year and month is acceptable – when documenting a mammogram reported by a member**
- Per the CDC, lymphadenopathy may occur 4-6 weeks after the COVID-19 vaccination. Please encourage your patients to wait the appropriate amount of time before scheduling their mammogram or complete the mammogram before receiving the COVID-19 vaccine, to account for lymphadenopathy. This will help prevent the vaccine impacting screening results.
- Thermography for any indication (including breast lesions which were excluded from Medicare coverage on July 20, 1984) is excluded from Medicare coverage
- As an administrative measure, it's important to submit the appropriate ICD-10 Diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim
  - If a member isn't new to the care provider, but the member's chart has a documented history of the diagnosis , the ICD-10 Diagnosis code should be submitted on any visit claim
- Breast cancer screening or mastectomy codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

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