

Breast Cancer Screening (BCS-E)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicaid
- Medicare

MEASURE DESCRIPTION

This percentage of members 40-74 years of age who were recommended for routine breast cancer screening and had a mammogram any time on or between October 1 two years prior to the measurement period and the end of the measurement period¹.

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

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

EXCLUSIONS

Members are excluded if they:

- Have any of the following during the member's history through the end of the measurement period:
 - A bilateral mastectomy or both right and left unilateral mastectomies; documentation must indicate a mastectomy on both the left and right side on the same or different dates of service
 - Gender-affirming chest surgery with a diagnosis of gender dysphoria
- Have any of the following during the measurement year:
 - Are Medicare members 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution.
 - Are members age 66 and older with advanced illness and frailty (for additional definition information, see the [Advanced Illness and Frailty Exclusions Guide](#)).
 - Used hospice services, received palliative care, or died

MEDICAL RECORDS

Patient medical records should include:

- Mammography report or chart note indicating the date a mammogram was performed; results are not required.
- If applicable, 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

- MRIs, ultrasounds, or biopsies do not count in this measure. Although these procedures may be indicated for evaluating patients at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not count towards measure compliance.
- Implement standing orders for mammograms and ensure follow-up reports are received.
- Educate patients regarding the benefit of early detection of breast cancer through mammograms:
 - Mammograms are the most effective method for detecting breast cancer in early stages when it is most treatable.
 - Many patients with breast cancer don't experience any symptoms until the cancer is advanced.
- Provide information on where to get mammograms. If available at the practice, offer to help schedule an appointment.
- Be aware of cost barriers and surprise bills to patients.
- Use multi-modal screening reminders, such as mail, phone, or text messages, for patients.
- Use electronic reminders, such as prompts in the EMR, for providers and staff.
- Use telehealth for screening consultations and follow-up of results.

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.
- NCQA has transitioned this measure to an Electronic Clinical Data Systems (ECDS) reported

measure. This means that health plans can only use information submitted during the measurement year to qualify for this measure. Information can be submitted electronically (e.g., EMR extracts and FHIR feeds), via claims codes, and in medical record documentation sent to the plan. Plans will no longer perform chart reviews *after* the measurement year for this measure.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans (2025), 507-513.

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

ⁱⁱⁱ CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.