HEDIS MEASURE OVERVIEW

Breast Cancer Screening (BCS-E)

Breast Cancer Screening (BCS-E) is reported by Humana and other payers 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.

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Who is included in the BCS-E measure?

The eligible population for this measure includes patients 42–74 years of age who had a mammogram to screen for breast cancer between Oct. 1 two years prior to the measurement year and Dec. 31 of the measurement year.

Since the measure has a 27-month "participation period" (also called a "look-back period"), the patient may be 40–41 years of age at the time of the screening but must be 42 in the measurement year.

Exclusions

Unless otherwise indicated, these apply to Medicare, Medicaid and commercial patients.

- Patients who, at any time during the patient's history through the end of the measurement year, have had:
  - A bilateral mastectomy **or**
  - Both a unilateral left and unilateral right mastectomy

  Note: A single unilateral mastectomy does not count as an exclusion. Unilateral mastectomy code and bilateral modifier must be from the same procedure.
- Patients in hospice or using hospice services or receiving palliative care anytime during the measurement period
- Patients who died anytime during the measurement period
- Medicare patients 66 years of age and older enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institutional setting
- Patients 66 years of age and older with frailty and advanced illness
- Patients who had gender-affirming chest surgery anytime during the patient's history through the end of the measurement period

Actions to address the BCS-E measure

After reviewing the patient's medical record, healthcare professionals should document the date of service that a mammogram was completed within the measurement period.

Mammograms, including digital breast tomosynthesis, completed within the measurement period that are reported by a patient and subsequently recorded in the medical record satisfy the BCS-E measure. To be compliant, healthcare professionals need to submit proof-of-service documents to Humana with the criteria listed above.

Breast exams, breast biopsies, ultrasounds and MRI do not satisfy the measure.

Measure best practices

- Due to the unique 27-month measurement period, physician practices may want to consider ordering a mammogram every two years for their patients beginning at 40 years of age, or sooner when risk factors such as family history exist. Schedule a mammogram for the patient, if appropriate.
- Document date of service (minimum month and year) of the most recent mammogram in the medical record.
- Educate patients about the importance of early detection and encourage testing.
- Engage patients to discuss their fears about mammograms and let women know that the test is now more comfortable and uses less radiation than in the past.
- Provide patients with a list of facilities that provide mammograms.

Coding for breast cancer screenings

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

* Current Procedural Terminology (CPT®)

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

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.

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2025 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:
https://assets.humana.com/is/content/humana/NCQA copyright notice and disclaimerpdf