Breast Cancer Screening (BCS-E)

2025

Members ages 40-74

COMMERCIAL | MEDICARE | MEDICAID

Measure definition

Members who had a mammogram within the past 27 months submitted through claims or noted in the member's history with month and year. Patient results aren't necessary for this measure. Reminder: MRIs, ultrasounds and/or biopsies **do not** count.



Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected



Commonly used claim codes*

(Not all inclusive; can submit through electronic clinical data systems)

- Mammography: 77061, 77062, 77065, 77066, 77067
- Mammography LOINC:
 - Bilateral: **26175-0**
 - Left: 26176-8
 - Right: 26177-6

Exclusions

- History of bilateral mastectomy: Z90.13
- Gender dysphoria: F64.9
- Gender-affirming chest surgery: 19318

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

Required exclusions (Other exclusions may also apply)

- Members in hospice or using hospice services during the measurement period
- Members who died during measurement period
- Members who had a bilateral mastectomy or both right and left unilateral mastectomies anytime during member's history through end of measurement period
- Members receiving palliative care anytime during measurement period
- Members who had an encounter for palliative care any time during the measurement period
- Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria anytime during the member's history through end of measurement period



- Medicare members ages 66 and older by the end of the measurement period as of December 31 of measurement year who meet either of the following:
 - Enrolled in an institutional SNP (I-SNP) anytime during measurement period
 - Living long-term in an institution anytime during measurement period
- Members ages 66 and older by the end of the measurement period both frailty and advanced illness.
 Members must meet both frailty and advanced illness criteria to be excluded:
 - For frailty, at least two indications with different dates of service during measurement period
 - For advanced illness, either of the following during measurement period or year prior:
 - · Advanced illness on at least two different dates of service
 - · Dispensed dementia medication

Insights and recommendations

- Educate on the importance of screenings and ensure mammograms are up to date
- · Schedule mammogram for member
- Review member history during an annual wellness visit or office visit and document a bilateral mastectomy or unilateral mastectomies; include dates in medical record
- Document screening tests including month and year in member history
- Consider gap closure during telehealth and annual wellness visits
- Follow up on outstanding orders when no report is received
- Document member-reported mammogram in history or preventive services section of medical record
- Display posters in waiting and exam rooms to encourage members to ask about getting a mammogram
- Have educational materials readily available
- Provide list of mammogram locations in the area
- Outreach to members via phone calls, email, text and letter

*FOR COMMONLY USED CODES: Not a comprehensive list of codes.

For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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The above information is not a complete list of services for this measure. For a complete list, please refer to the NCQA website at **NCQA.org**. HEDIS 2025 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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