

# Breast Cancer Screening - Electronic (BCS-E)

## New for 2023

### Added

- Rates will not include stratification by race and ethnicity

### Updated

- BCS will now be referred to as BCS-E and will be an electronic only measure
- Data for BCS-E can be obtained through electronic health records, personal health records, clinical registries, health information exchanges, administrative claims, immunization information systems or disease and case management registries



This measure is also an ECDS measure



**Yes!**

Supplemental Data Accepted

## Definition

Percentage of female members ages 50-74 who had a mammogram screening completed on or by Oct. 1, two years prior to the measurement year through Dec. 31 of the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Star Ratings</li> <li>• CMS Quality Rating System</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> </ul>

## 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	
<b>CPT®/CPT II</b>	77061, 77062, 77063, 77065, 77066, 77067
<b>LOINC</b>	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, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 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
<b>SNOMED</b>	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

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## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members who died</li> <li>Members receiving palliative care</li> </ul>	Any time during the measurement year
<p>Members ages 66 and older as of Dec. 31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service and advanced illness.* Advanced illness is indicated by one of the following:</p> <ul style="list-style-type: none"> <li>Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness</li> <li>One or more acute inpatient encounter(s) with a diagnosis of advanced illness</li> <li>One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim</li> <li>Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine</li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul>	Any time during the measurement year

\*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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Exclusion	Timeframe
<p>Bilateral mastectomy</p> <ul style="list-style-type: none"> <li>• History of bilateral mastectomy</li> <li>• Unilateral mastectomy with a <b>bilateral</b> modifier                             <ul style="list-style-type: none"> <li>- Documentation of unilateral mastectomy may come from claims or the medical record</li> </ul> </li> <li>• Any combination of the following that indicate a mastectomy on both the left and right side:                             <ul style="list-style-type: none"> <li>- Absence of the left and right breast</li> <li>- Unilateral mastectomy (claims or medical record) with a left-side modifier</li> <li>- Unilateral mastectomy (claims or medical record) with a right-side modifier</li> <li>- Left unilateral mastectomy</li> <li>- Right unilateral mastectomy</li> </ul> </li> </ul>	<p>Any time in a member’s history through Dec. 31 of the measurement year</p>



## Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> <li>• This measure does not include biopsies, breast ultrasounds or MRIs.</li> <li>• If documenting a mammogram in a member’s history, please include the month and year. The result is not required.</li> </ul>	<p>Mammogram – all types and methods including screening, diagnostic, film, digital or digital breast tomosynthesis</p>	<ul style="list-style-type: none"> <li>• Consultation reports</li> <li>• Diagnostic reports</li> <li>• Health history and physical</li> </ul>

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## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) 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.
- For MY 2023, NCQA has not added an exclusion code to the Value Set Directory for transgender females. These women must be manually excluded from outreach and HEDIS® denominators.
- 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 UnitedHealthcare's 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.