

Breast Cancer Screening (BCS-E)

Why it Matters

Breast cancer is the second leading cause of cancer death in women. The American Cancer Society estimates in 2023:

- There will be approximately 353,000 women diagnosed with new cases of breast cancer.
- There will be approximately 44,000 women who will die from breast cancer.

Half of the women who develop breast cancer are 62 years of age or younger at the time of diagnosis. Breast cancer rates have been increasing by 0.05% annually. Early detection with screening mammography means that treatment can be started earlier in the course of the disease, possibly before it has spread, and therefore decreasing cancer deaths.¹

Description of Measure

Percentage of female patients ages 52-74 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 (MY).¹¹

To satisfy the measure, the patient must have one or more mammograms (screening, diagnostic, and film, digital or digital breast tomosynthesis) between October 1, two years prior (PY) and December 31, MY. If one breast has been removed and the other is present, a screening or initial diagnostic mammography is required for the remaining breast.

Documentation

Bilateral or **unilateral** mammogram reports are acceptable such as:

- Screening or Diagnostic mammogram.
- Digital mammogram or digital breast tomosynthesis

Documentation can include the following and results are not required.

- Notation of a completed mammogram with DOS as part of the medical history. Health Maintenance or preventive care sections are considered "history" sections.
- Transgender members (male to female) are eligible for BCS reporting.
- Member reported completed mammogram with DOS.

Exclusions

Exclusions	Timeframe								
<ul style="list-style-type: none"> Members in hospice or using hospice services Member who died Members receiving palliative care 	Any time during MY								
<p>Members 66 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p>	<ul style="list-style-type: none"> Frailty diagnosis on 2 different DOS during the MY Advanced Illness: Either of the following during the MY or PY <ul style="list-style-type: none"> Advanced illness diagnosis on 2 different DOS Dispensed a dementia medication <table border="1"> <thead> <tr> <th>Dementia Med Description</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td> <td> <ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine </td> </tr> <tr> <td>Misc. CNS Agents</td> <td> <ul style="list-style-type: none"> Memantine </td> </tr> <tr> <td>Dementia combinations</td> <td> <ul style="list-style-type: none"> Donepezil-memantine </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine 	Misc. CNS Agents	<ul style="list-style-type: none"> Memantine 	Dementia combinations	<ul style="list-style-type: none"> Donepezil-memantine
Dementia Med Description	Prescription								
Cholinesterase inhibitors	<ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine 								
Misc. CNS Agents	<ul style="list-style-type: none"> Memantine 								
Dementia combinations	<ul style="list-style-type: none"> Donepezil-memantine 								
<p>Bilateral Mastectomy</p> <ul style="list-style-type: none"> History of bilateral mastectomy Unilateral mastectomy with a bilateral modifier 	Anytime in a member's history through Dec. 31, MY								
Members who had gender-affirming chest surgery with a diagnosis of dysphoria	Anytime in a member's history through Dec. 31, MY								

Exclusion Codes

Code	Definition
Z90.11	Acquired absence of right breast
Z90.12	Acquired absence of left breast
Z90.13	Acquired absence of bilateral breast
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

<p>Strategies for Success</p>	<ul style="list-style-type: none"> ■ Scheduling a mammogram appointment for your patient. ■ Use Annual Wellness Visits to schedule screenings. ■ Add screenings to your annual assessment form and/or EMR template. ■ Address mammography at every visit, even when patient has refused. ■ Provide a list of locations and phone numbers where mammogram services can be performed. ■ Send reminder letters to patients signed by the provider. ■ Establish a system to for telephone reminder calls. ■ Establish a system for mailed reminders. ■ Document medical and surgical history in the medical record with dates. ■ Code for exclusions, such as history of mastectomy. ■ Educate women regarding the benefit of early detection of breast cancer through routine mammograms. <ul style="list-style-type: none"> - Mammograms are the most effective method for detecting breast cancer in the early stages when it is most treatable. - Many women with breast cancer do not have symptoms, which underscores the importance of regular breast cancer screening. - The recommended frequency of routine mammograms is at least once every 24 months for all women aged 50 -74. Depending on risk factors, mammograms may be done more frequently. ■ MRI's, ultrasounds, or biopsies do not count in this measure. Although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not alone count towards the compliance.
--------------------------------------	--

Resources

- I. American Cancer Society, 2023, *Key Statistics for Breast Cancer*, www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html
- II. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans