



Breast Cancer Screening (BCS-E) 2025

HEDIS® is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care, demonstrating commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time.

HEDIS Measure

This measure looks at patients 50 to 74 years old who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer from October 1, two years before the measurement period, through the end of the measurement period.

Numerator

One or more mammograms any time on or between October 1, two years before the measurement period, and the end of the measurement period

Denominator

Members 52 to 74 years old by the end of the measurement period who were recommended for routine breast cancer screening and meet the criteria for participation

Best practices:

- Educate female patients about the importance of breast cancer screening at least every other year.
- Provide a list of mammography testing facilities, mobile mammography units, and assist in making appointments.
- Document the date of the last screening mammogram at the annual visit.
- Document bilateral or unilateral mastectomies.
- Scan the mammography report into the medical record.
- The best practice is to contact patients by phone, email, text, and email.
- Display posters in the waiting and examination rooms to encourage women to ask about or get a mammogram. Have educational materials readily available.
- Add ticklers to electronic medical records (EMR) for advanced illness and frailty exclusions.

Note: HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Exclusions

- Patients who had a bilateral mastectomy or both right and left unilateral mastectomies at any time during the patient's history through the end of the measurement period are excluded. Any of the following meet the criteria for bilateral mastectomy:
 - Bilateral mastectomy
 - Unilateral mastectomy with a bilateral modifier
 - Unilateral mastectomy found in clinical data with a bilateral qualifier value
 - History of bilateral mastectomy
- Patients who had gender-affirming chest surgery with a diagnosis of gender dysphoria at any time during the patient's history through the end of the measurement period are excluded.
- Medicare members 66 years and older by the end of the measurement period who meet either of the following are excluded:
 - Those enrolled in an Institutional SNP (I-SNP) at any time during the measurement period
 - Those living long-term in an institution (LTI) at any time during the measurement period, as identified by the LTI flag in the monthly membership detail data file. Use the run date of the file to determine if a member had an LTI flag during the measurement period.

- Patients 66 years and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded.
- Patients receiving palliative care at any time during the measurement year
- Patients who encountered palliative care at any time during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die during the measurement year

Closing the gap

Documentation needed:

- A record of one or more mammograms performed any time on or between October 1, 2023, and December 31, 2025
- Documentation in provider notes and/or medical history of mammogram with the date performed

CPT®: 77061, 77062, 77063, 77065, 77066, 77067

Note: Two patient identifiers are required.

Let's work together

The measure is closed by way of the following:

- Claims
- SFTP/Flat files
- CCDA
- Cotiviti

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