

## Breast Cancer Screening (BCS)

### Patient Profile

MVP members 50–74 years of age who have had a mammogram to screen for breast cancer between October 1, two years prior, and December 31 of the measurement year.

### Those excluded are:

- Patients with a history of bilateral mastectomy (any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service).
- Patients who have used hospice services anytime during the measurement year.
- Medicare patients, 66 years of age and older, living in long-term institutional settings or enrolled in an Institutional SNP any time during the measurement year\*.

\*Members 66 years of age with frailty and advanced illness. Members must meet BOTH the frailty and advanced illness criteria to be excluded.

**Note:** Supplemental and medical record data may not be used for these exclusions.



### How to Implement Best Practices and Improve Performance

- Utilize the *MVP Gaps in Care Report (GIC)* for a list of all MVP members still in need of screening.
- Consider the use of a medical record flag system to alert you to these age, or time-sensitive requirements.
- Educate patients about the importance of early detection, and encourage screenings. Engage patients in discussion of their fears/reservations about mammograms, and let them know that these tests are less uncomfortable and use less radiation than they did in the past.
- Be sure to stock common areas and exam rooms with breast cancer screening educational materials that can be found at [cdc.gov](http://cdc.gov). There is also information available by visiting [mvphealthcare.com](http://mvphealthcare.com) and selecting *Members*, then *Health & Wellness*, and then *MVP's Living Well Center*.
- Order or schedule mammogram appointments before patients leave an office visit. Be sure to have a list of mammogram facilities available to share with patients.
- Members frequently join MVP with a history of prior surgeries, such as bilateral mastectomies that were covered under another health plan. These patients will remain on gap lists until MVP is notified that they meet the criteria to be excluded. Be sure to forward claims information or medical record documentation reflecting their history to close the gap. **The billing code for History of Bilateral Mastectomy: ICD-10: Z90.13.**
- This measure assesses the use of imaging to detect early breast cancer in women. All types and methods of mammograms (screening, diagnostic, and film, digital or digital breast tomosynthesis) qualify for measure compliance. Do not count MRIs, ultrasounds, or biopsies. These procedures are performed as an adjunct to mammography and do not alone count as primary breast cancer screening.

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

## Billing Codes

### CPT Codes

77055–77057, 77061–77063, 77065–77067

### HCPCS Codes

G0202, G0204, G0206

### ICD-10 Codes (Mastectomy History)

Z90.11, Z90.12, Z90.13

### UB Revenue Codes

0401, 0403