



2024 BCS-E Breast Cancer Screening

Breast Cancer Screening (BCS-E)

Breast Cancer



Breast cancer is the 2nd most common cancer in women in the United States.



Each year in the United States, about 264,000 cases of breast cancer are diagnosed in women.



About 42,000 women and 500 men in the U.S. die each year from breast cancer



Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat.

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Measure Description

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1, 2022 and December 31, 2024.

NOTE: NCQA removed the Breast Cancer Screening (BCS) administrative reporting measure to ECDS reporting (BCS-E) methodology.

CMS will apply this update to the Medicare Advantage Star Measure in MY2023. This method broadens the reporting options available.

ECDS measures allow plans to use administrative claims and clinical data that may come from a variety of sources such as, EHRs, HIEs/Clinical Registries, Case Management systems and Claims.



Women 50-74 years of age



Mammogram between
10/01/2022-12/31-2024

X1

Single Weighted Star Measure

Measure Steward: National Committee
for Quality Assurance (NCQA)

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Required Exclusions

- **Hospice or palliative care services** anytime during the current performance period
- Patients who **passed away** anytime during the current performance period
- History of a **bilateral mastectomy** or **two unilateral mastectomies**.
- Patients who had **gender-affirming chest surgery** with a diagnosis of **gender dysphoria** any time during the patient's history through the current performance period



- Medicare patients 66 years of age and older as of the end of the current performance period who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance period
- Patients 66 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** in the current performance period and an **advanced illness diagnosis** on at least **two different dates of service** or dispensed dementia medication during the current performance period or the 12 months prior.

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BCS Documentation and Submission



Check for BCS compliance during **every** patient encounter.



If a mammogram report is not available documentation must include at least the year the mammogram was completed. This can be taken as part of the patient's history by the care provider. The result is not required.



If the mammogram occurred between October 1, 2022-December 31, 2022, you must document the month and year in order to show compliance for the measure.



Remember, patient refusal or a referral alone does not close the measure.

*****Reminder: Supplemental data (outpatient medical record report/documentation copies) is not accepted for gap closure.**

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Best Practices

- Utilize appropriate coding to capture unilateral/bilateral mastectomies and mammography procedures. This will lessen the administrative burden and medical record reviews.
- Promote the importance of early detection with routine screenings
- Address fears and barriers
- Review family history and determine if patient needs to begin routine screenings earlier.
- Always order a mammogram if its been 2 years since the patient has had a mammogram.
- Send reminders to patients when they are approaching their due date for a mammogram.
- Work with health plans to prioritize EMR data to their systems.
- Collaborate with case managers. Develop a process to have their information forwarded to the patient's outpatient record.
- If a patient has had an unilateral mastectomy, the remaining breast still must be screened.
- **Remember!!! LOINC and SNOMED codes can be submitted when you are not the billing provider. This is the gold star needed to close the gap since supplemental data cannot be accepted for gap closure. These codes do not require payment.**



Breast Cancer Screening (BCS-E)

Coding

Type	Code Description	Code
CPT	Digital breast tomosynthesis; unilateral	77061
CPT	Digital breast tomosynthesis; bilateral	77062
CPT	Screening digital breast tomosynthesis, bilateral	77063
CPT	Diagnostic mammo; unilateral	77065
CPT	Diagnostic mammo; bilateral	77066
CPT	Screening mammo; bilateral	77067

Type	Code Description	Code
LOINC	MG Breast Screening	24606-6
LOINC	MG Breast Diagnostic	24605-8
LOINC	MG Breast - left Screening	26176-8
LOINC	MG Breast - right Screening	26177-6
LOINC	MG Breast - left Diagnostic	26347-5
LOINC	MG Breast - right Diagnostic	26348-3

Type	Code Description	Code
SNOMED	Screening mammography (procedure)	24623002
SNOMED	Bilateral mammography (procedure)	43204002
SNOMED	Mammography (procedure)	71651007
SNOMED	Mammography of right breast (procedure)	566571000119105
SNOMED	Mammography of left breast (procedure)	572701000119102

For coding information, please refer to the tip sheet attached. For additional questions, reach out to your population health consultant.



Thank You!