

Effectiveness of Care Measure

Breast Cancer Screening



Breast cancer is the most common type of cancer in women in the United States. The American Cancer Society® estimates 276,480 new cases of invasive breast cancer are expected to be diagnosed in 2020.¹ To help reduce mortality rates, mammography is used as an effective screening tool for early detection of breast cancer.

The California Health & Wellness Plan wants to help your practice improve Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet outlines key details of the Breast Cancer Screening (BCS) measure, its codes and guidance for documentation.

Measure

Patients ages 50–74 who had a mammogram to screen for breast cancer in the past two years.²

Exclusions:

- Patients who meet the following criteria anytime during the measurement year:
 - Medicare patients ages 66 and older enrolled in an institutional special needs plans (I-SNP) or living long-term in an institution.
 - Patients ages 66 and older with frailty and advanced illness.
 - Patients in hospice.
 - Patients in palliative care.
- Patients with bilateral mastectomy. Any of the following meet the criteria for bilateral mastectomy:
 - Bilateral mastectomy or history.
 - History of bilateral mastectomy.
 - Unilateral mastectomy with a bilateral modifier.
 - Two unilateral mastectomies without a modifier with service dates 14 or more days apart.
- A unilateral mastectomy without a modifier and a left mastectomy with service dates 14 or more days apart.
- A unilateral mastectomy without a modifier and a right mastectomy with service dates 14 or more days apart.
- Absence of the left breast and absence of the right breast on the same or different dates of service.
- Both of the following (on the same or different dates of service):
 - » Unilateral mastectomy with a left-side modifier (same visit).
 - » Unilateral mastectomy with a right-side modifier (same visit).

(continued)



¹American Cancer Society, 2020, Breast Cancer – What Are the Key Statistics about Breast Cancer. Retrieved from www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html. September 3, 2020.

²NCQA. HEDIS 2020 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020.

Breast Cancer Screening (continued)

Exclusion codes	
Description	Codes
Bilateral mastectomy	ICD-10: OHTVOZZ
Unilateral mastectomy with a bilateral modifier	CPT: 19180, 19200, 19220, 19240, 19303–19307 Modifier: 50
History of bilateral mastectomy	ICD-10: Z90.13
Any combination of codes below that indicate a mastectomy on both the left and right side on the same or different dates of service.	
Unilateral mastectomy with left/right side modifier	CPT: 19180, 19200, 19220, 19240, 19303–19307 Modifier: LT, RT
Left unilateral mastectomy	ICD-10: OHTUOZZ
Right unilateral mastectomy	ICD-10: OHTTOZZ
Absence of left breast	ICD-10: Z90.12
Absence of right breast	ICD-10: Z90.11

Best practices	Mammography codes	
<ul style="list-style-type: none"> Note the date of the mammogram with proof of completion in the medical record to confirm screening was ordered and completed. Discuss the results or findings with the patient. All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) meet the numerator compliance. Do not count biopsies, breast ultrasounds or MRIs. Refer patients to local mammography imaging centers. Follow up to confirm completion. Educate patients on the importance of routine screening (at least once every 24 months). Remind patients that preventive screenings are covered under health care reform. Depending on risk factors, mammograms may be done more often. Discuss possible concerns or fears patients may have about the screening. Develop standing orders along with automated referrals (if applicable) for patients ages 50–74. 	CPT	77055–77057, 77061–77063, 77065–77067
	HCPCS	G0202, G0204, G0206