

# Breast cancer screening

## About HEDIS requirements for breast cancer screening

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) includes standard measures that are used to evaluate a health plan's performance. Through data collection and reporting, health plans also use HEDIS measures as an opportunity to identify areas for improvement in care. The Centers for Medicare & Medicaid Services (CMS) also requires HEDIS data reporting to help monitor the quality of Medicare Advantage plans and to provide information to help members compare those plans based on CMS' Star Ratings. This tool, which details HEDIS requirements for breast cancer screenings, a component of CMS' Star Ratings, is focused on the impact of that HEDIS measure for Medicare Advantage patients.

### CMS Star Rating Weight

1

### Breast cancer screening

**Description:** Measures the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the prior 27 reported months.

**Age:** Women 52–74 years of age as of December 31 of the measurement year.

### Requirements for compliance

Screening/test required: One or more mammograms any time on or between October 1 *two years prior to the measurement year* through December 31 *of the measurement year* (27 month period).

### What to report for compliance

This screening is typically closed by claims but can also be closed from medical record documentation.

### What you need to include in medical record documentation

1. Medical record stating that screening was completed and/or mammography report.
2. Date screening was completed.
3. Result/mammography report may be submitted in lieu of progress note.
4. Documentation of exclusion, if applicable. Exclusions include bilateral mastectomy any time during the member's history through December 31 of the measurement year. *Any of the following meet criteria for bilateral mastectomy:*
  - Any combination of codes that indicate a mastectomy on both the left and the right side on the same or different dates of service.
  - History of bilateral mastectomy. Assign the following Z codes for the absence of, bilateral breasts (Z90.13 or Z90.11 + Z90.12)
  - Bilateral mastectomy.
  - Unilateral mastectomy with a bilateral modifier. Codes must be on same claim.
  - Two unilateral mastectomies with service dates 14 days or more apart.

*A referral for a mammogram is not sufficient to close the quality gap.*

Description	CPT	HCPCS
Breast cancer screening	77061-77063, 77065-77067	G0202, G0204, G0206

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at [ncqa.org](http://ncqa.org)

For additional information about the Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>



- Do not count biopsies, ultrasounds or MRIs. *They are not appropriate methods for primary breast cancer screening.*
- Ensure that the mammogram and documentation of mammogram screening date occurs within the appropriate time frame, 27 months prior to December 31 of the measurement year
- Documentation of "next screening due" does not meet evidence of completion of breast cancer screening
- Mastectomy *must be* specified as "bilateral" (by one operative session or two operative sessions) to be acceptable. Mastectomies can be defined as simple, extended simple, radical or extended radical.