

Breast Cancer Screening (BCS-E)

SUMMARY OF CHANGES TO HEDIS MY 2025

- Removed “Programming Guidance” from the *Characteristics* section.
- Added a laboratory claim exclusion to the Absence of Left Value Set and Absence of Right Breast Value Set.
- Removed the *Data criteria (element level)* section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Description	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
Measurement period	January 1–December 31.
Clinical recommendation statement	<p>The U.S. Preventive Services Task Force recommends screening women 50–74 years of age for breast cancer every 2 years. (B recommendation)</p> <p>The Fenway Institute recommends that for patients assigned female at birth who have not undergone chest reconstruction (including those who have had breast reduction), breast/chest screening recommendations are the same as for cisgender women of a similar age and medical history.</p> <p>The University of California San Francisco Center of Excellence for Transgender Health recommends that transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, undergo screening according to current guidelines for non-transgender women.</p> <p>The World Professional Association for Transgender Health recommends health care professionals follow local breast cancer screening guidelines developed for cisgender women in their care of transgender and gender diverse people with breasts from natal puberty who have not had gender-affirming chest surgery.</p>
Citations	<p>Fenway Health. 2021. <i>Medical Care of Trans and Gender Diverse Adults</i>. https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf</p> <p>University of California San Francisco Center of Excellence for Transgender Health. 2016. <i>Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People</i>. https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf</p> <p>U.S. Preventive Services Task Force. 2016. “Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement.” <i>Ann Intern Med</i> 164(4):279–96.</p>

	World Professional Association for Transgender Health. 2022. <i>Standards of Care for the Health of Transgender and Gender Diverse People, Version 8</i> . https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
Characteristics	
Scoring Type Stratification	Proportion. Process. <ul style="list-style-type: none"> • Breast Cancer Screening. <ul style="list-style-type: none"> – Product line: <ul style="list-style-type: none"> ▪ Commercial. ▪ Medicaid. ▪ Medicare. – SES (for Medicare only): <ul style="list-style-type: none"> ▪ SES—Non-LIS/DE, Nondisability. ▪ SES—LIS/DE. ▪ SES—Disability. ▪ SES—LIS/DE and Disability. ▪ SES—Other. ▪ SES—Unknown. – Race (for each product line): <ul style="list-style-type: none"> ▪ Race—American Indian or Alaska Native. ▪ Race—Asian. ▪ Race—Black or African American. ▪ Race—Native Hawaiian or Other Pacific Islander. ▪ Race—White. ▪ Race—Some Other Race. ▪ Race—Two or More Races. ▪ Race—Asked But No Answer. ▪ Race—Unknown. – Ethnicity (for each product line): <ul style="list-style-type: none"> ▪ Ethnicity—Hispanic or Latino. ▪ Ethnicity—Not Hispanic or Latino. ▪ Ethnicity—Asked But No Answer. ▪ Ethnicity—Unknown.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.
Guidance	Allocation: The member was enrolled with a medical benefit October 1 two years prior to the measurement period through the end of the measurement period.

	<p>No more than one gap in enrollment of up to 45 days for each full calendar year (i.e., the measurement period and the year prior to the measurement period).</p> <p>No gaps in enrollment are allowed from October 1 two years prior to the measurement period through December 31 two years prior to the measurement period.</p> <p>The member must be enrolled on the last day of the measurement period.</p> <p>Reporting: For Medicare plans, the SES stratifications are mutually exclusive. NCQA calculates a total rate for Medicare plans by adding all six Medicare stratifications.</p> <p>For all plans, the race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.</p>
Definitions	
Participation	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.
Participation period	October 1 two years prior to the measurement period through the end of the measurement period.
Initial population	<p>Members 52–74 years of age by the end of the measurement period who were recommended for routine breast cancer screening and also meet the criteria for participation.</p> <p>Include members recommended for routine breast cancer screening with any of the following criteria:</p> <ul style="list-style-type: none"> • Administrative Gender of Female (AdministrativeGender code female) at any time in the member's history. • Sex Assigned at Birth (LOINC code 76689-9) of Female (LOINC code LA3-6) at any time in the member's history. • Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.
Exclusions	<ul style="list-style-type: none"> • Members who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. • Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period. Any of the following meet the criteria for bilateral mastectomy: <ul style="list-style-type: none"> – Bilateral mastectomy (<u>Bilateral Mastectomy Value Set</u>).

- Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (CPT Modifier code 50) (same procedure).
- Unilateral mastectomy found in clinical data (Clinical Unilateral Mastectomy Value Set) with a bilateral qualifier value (SNOMED CT Modifier code 51440002) (same procedure).

Note: The “clinical” mastectomy value sets identify mastectomy; the word “clinical” refers to the data source, not to the type of mastectomy.

- History of bilateral mastectomy (History of Bilateral Mastectomy Value Set).
- Any combination of codes from the table below that indicate a mastectomy on **both** the left **and** right side on the same date of service or on different dates of service.

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a left-side modifier (CPT Modifier code LT) (same procedure)	Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a right-side modifier (CPT Modifier code RT) (same procedure)
Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a left-side qualifier value (SNOMED CT Modifier code 7771000) (same procedure)	Unilateral mastectomy found in clinical data (<u>Clinical Unilateral Mastectomy Value Set</u>) with a right-side qualifier value (SNOMED CT Modifier code 24028007) (same procedure)
Absence of the left breast (<u>Absence of Left Breast Value Set</u>). Do not include laboratory claims (claims with POS code 81)	Absence of the right breast (<u>Absence of Right Breast Value Set</u>). Do not include laboratory claims (claims with POS code 81)
Left unilateral mastectomy (<u>Unilateral Mastectomy Left Value Set</u>)	Right unilateral mastectomy (<u>Unilateral Mastectomy Right Value Set</u>)

- Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) any time during the member’s history through the end of the measurement period.
- Medicare members 66 years of age and older by the end of the measurement period who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
 - Living long-term in an institution 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.
- Members 66 years of age and older by the end of the measurement period, with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded:

	<ol style="list-style-type: none"> 1. Frailty. At least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set</u>) with different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81). 2. Advanced Illness. Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> – Advanced illness (<u>Advanced Illness Value Set</u>) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81). – Dispensed dementia medication (<u>Dementia Medications List</u>). <ul style="list-style-type: none"> • Members receiving palliative care (<u>Palliative Care Assessment Value Set</u>; <u>Palliative Care Encounter Value Set</u>; <u>Palliative Care Intervention Value Set</u>) any time during the measurement period. • Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement period. Do not include laboratory claims (claims with POS code 81).
Denominator	The initial population, minus exclusions.
Numerator	One or more mammograms (<u>Mammography Value Set</u>) any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table BCS-E-A-1/2: Data Elements for Breast Cancer Screening

Metric	Data Element	Reporting Instructions
BreastCancerScreening	InitialPopulation	Report once
	ExclusionsByEHR	Report once
	ExclusionsByCaseManagement	Report once
	ExclusionsByHIERegistry	Report once
	ExclusionsByAdmin	Report once
	Exclusions	(Sum over SsoRs)
	Denominator	Report once
	NumeratorByEHR	Report once
	NumeratorByCaseManagement	Report once
	NumeratorByHIERegistry	Report once
	NumeratorByAdmin	Report once
	Numerator	(Sum over SsoRs)
	Rate	(Percent)

Table BCS-E-A-3: Data Elements for Breast Cancer Screening

Metric	SES Stratification	Data Element	Reporting Instructions
BreastCancerScreening	NonLisDeNondisability	InitialPopulation	For each Stratification
	LisDe	ExclusionsByEHR	For each Stratification
	Disability	ExclusionsByCaseManagement	For each Stratification
	LisDeAndDisability	ExclusionsByHIERegistry	For each Stratification
	Other	ExclusionsByAdmin	For each Stratification
	Unknown	Exclusions	(Sum over SsoRs)
	Total	Denominator	For each Stratification
		NumeratorByEHR	For each Stratification
		NumeratorByCaseManagement	For each Stratification
		NumeratorByHIERegistry	For each Stratification
		NumeratorByAdmin	For each Stratification
		Numerator	(Sum over SsoRs)
		Rate	(Percent)

Table BCS-E-B-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
BreastCancerScreening	AmericanIndianOrAlaskaNative	InitialPopulation	For each Stratification
	Asian	Exclusions	For each Stratification
	BlackOrAfricanAmerican	Denominator	For each Stratification
	NativeHawaiianOrOtherPacificIslander	Numerator	For each Stratification
	White	Rate	(Percent)
	SomeOtherRace		
	TwoOrMoreRaces		
	AskedButNoAnswer		
	Unknown		

Table BCS-E-C-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions
BreastCancerScreening	HispanicOrLatino	InitialPopulation	For each Stratification
	NotHispanicOrLatino	Exclusions	For each Stratification
	AskedButNoAnswer	Denominator	For each Stratification
	Unknown	Numerator	For each Stratification
		Rate	(Percent)

Rules for Allowable Adjustments of HEDIS

The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

Rules for Allowable Adjustments of Breast Cancer Screening—ECDS

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	Age determination dates may be changed (e.g., select, “age as of June 30”). The denominator age range may be expanded to 40–74 years.
Allocation	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefit	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, race and ethnicity, socioeconomic, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Initial Population	Adjustments Allowed (Yes/No)	Notes
Event/diagnosis	NA	There is no event/diagnosis for this measure.
Exclusions	Adjustments Allowed (Yes/No)	Notes
Exclusions	No	Only specified exclusions may be applied. Value sets may not be changed.
Exclusions: Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness	Yes	These exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Denominator	Adjustments Allowed (Yes/No)	Notes
Denominator	No	The logic may not be changed.
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Mammogram	No	Value sets and logic may not be changed.