

Measure definition

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 on or by Oct. 1, two years prior to the measurement year through Dec. 31 of the measurement year

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System CMS Star Ratings NCQA Accreditation NCQA Health Plan Ratings	ECDS only

Best practices for quality of care

- This measure evaluates preventive screening only. Biopsies, breast ultrasounds and MRIs are not acceptable.
- Educate members on the importance of a screening mammogram for early detection of breast cancer when there are usually no symptoms.
- Provide a list of mammography testing facilities and mobile mammography units and assist in making appointments.
- Display posters in waiting and examination rooms to encourage members to get or ask about getting a mammogram. Have educational materials readily available.
- Be aware of barriers to care, such as transportation or interpretation needs, affecting the member’s ability to keep appointments.

Quality score improvement tips

- If documenting a mammogram in a member’s history, specify mammogram and include the month and year. A result is not required. If the mammogram is unilateral, include documentation of unilateral mastectomy.
- Document the date of the last screening mammogram at the annual visit and when updating a member’s history. Document bilateral or unilateral mastectomies. All types of mammograms are acceptable (screening, diagnostic, film, digital or 3-D Mammogram).
- Schedule breast cancer screenings.
- Send reminders of screening appointments via EMR, mail, text messages and/or telephone calls.
- Reach out if appointments are missed or need to be rescheduled.
- As an administrative measure, submit the appropriate ICD-10 diagnosis code that matches member’s medical history of a bilateral mastectomy, Z90.13.
- Establish a standing order to obtain annual mammogram for eligible populations.

Exclusions

- Members who used hospice services or elected to use a hospice benefit any time during the measurement period.
- Members who died any time during the measurement period.

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- Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time in a the member’s history through the end of the measurement period.*
- Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria 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 are enrolled in an institutional SNP or living long term in an institution any time during the measurement period.
- Members 66 years of age and older by the end of the measurement period, with both frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded:
 - Frailty – At least two indications of frailty with different dates of service any time during the measurement year.
 - Advanced illness – Must have one of the following during the measurement period or the year prior to the measurement period:
 - Advanced illness on at least two different dates of service.
 - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).
- Members who received palliative care or had an encounter for palliative care any time during the measurement period.

*Any combination of codes from the table below indicate a mastectomy on both the left and right side on the same or different date of service.

CODES		DESCRIPTIONS
ICD 10	Z90.1	Acquired absence of breast and nipple
ICD 10	Z90.11	Acquired absence of the right breast and nipple
ICD 10	Z90.12	Acquired absence of left breast and nipple
ICD 10	Z90.13	Acquired absence of bilateral breasts and nipple
CPT	19301 - 19302	Mastectomy, partial
CPT	19303	Mastectomy, simple, complete
CPT	19305 - 19307	Mastectomy

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	77061	Diagnostic digital breast tomosynthesis; unilateral
CPT	77062	Diagnostic digital breast tomosynthesis; bilateral
CPT	77063	Screening digital breast tomosynthesis, bilateral

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CPT	77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
CPT	77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
CPT	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
ICD 10	Z12.3	Encounter for screening for malignant neoplasm of breast
ICD 10	Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
ICD 10	Z12.39	Encounter for other screening for malignant neoplasm of breast

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.