

Measure Description:

- The percentage of women ages 50-74 who had a mammogram to screen for breast cancer during the measurement year or the year prior (2-year lookback).
- The measure focuses on screening compliance to detect breast cancer early, using administrative or hybrid data.
- This measure is identical to the CMS Adult Core Set (BCS-AD) specification and the 2025 DOI Primary Care APM measure, with payment tied to the overall rate.
- Screening includes bilateral mammograms (any type, including 3D tomosynthesis), but diagnostic mammograms do not count.
- Reportable via claims or EHR, with emphasis on biennial screening per USPSTF guidelines.

Numerator:

- Women in the denominator who had at least one mammogram during CY2025 or CY2026 (27-month period ending Dec 31, 2026).
- Mammograms must be for screening purposes; unilateral mammograms count only if paired with codes for absence of the other breast.
- Rate calculated as the percentage of screened women, with payment based on the total rate for ages 50-74.

Denominator:

- All women ages 50-74 as of December 31, 2026, who were enrolled in Medicaid during the measurement year.
- Members must have continuous enrollment for the 2-year lookback period to be included in the denominator.
- Excludes women with bilateral mastectomy or certain frailty conditions (see Exclusions section).

Services to Support Breast Cancer Screening:

- Outpatient or preventive care visits, where mammogram referrals can be made and followed up.
- Community health centers or mobile mammography units for screenings in underserved areas.
- Radiology services at hospitals or imaging centers for mammogram performance.
- Telehealth consultations for screening education and scheduling referrals.
- Pharmacy services for related counseling if needed, though not direct for screening.

Best Practices:

- Recommend biennial mammograms for women 50-74 per USPSTF guidelines, integrating reminders into EHR for due dates during preventive visits.
- Use 3D tomosynthesis (digital breast tomosynthesis) for higher-risk patients to improve detection accuracy and reduce callbacks.
- Educate patients on screening benefits and risks using the "Teach Back Method" to confirm understanding, such as asking them to repeat why early detection is important.
- Document mammogram history and results in structured EHR fields to facilitate data capture and hybrid reporting, avoiding free-text notes that may not count.

- Partner with community programs for free or low-cost mammograms, targeting high-risk groups like those with family history or delayed screenings.
- Conduct outreach to patients due to screening via phone, text, or portal messages, offering flexible scheduling or transportation assistance to reduce barriers.
- Common miss: Diagnostic mammogram coded instead of screening – always use screening codes like 77067 and confirm lookback period for compliance.
- Submit claims promptly with CPT codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in rural areas).
- Collaborate with RAE quality teams for resources like mobile units, training on screening guidelines, or incentives to improve equity in breast cancer screening access.

CY 2026 Payment Thresholds

Level	Required Rate	Payout %	Description
Basecamp	≥38%	33%	Entry-level target for basic compliance; focus on reminders to achieve this.
Tree Line	≥47%	67%	Mid-level target; emphasize outreach for overdue patients.
Summit	≥56%	100%	High-performance target; use EHR tools and partnerships to maximize rates.

For the full list of codes, please see Appendix A on the following page.

Appendix A

Codes to Identify Mammogram (CPT/HCPCS)	
Code	Description
77061	Breast tomosynthesis; unilateral
77062	Breast tomosynthesis; bilateral
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed; digital
G0204	Diagnostic mammography, including computer-aided detection (CAD) when performed; digital, bilateral
G0206	Diagnostic mammography, including computer-aided detection (CAD) when performed; digital, unilateral

Codes for Exclusions (Bilateral Mastectomy) (ICD-10 PCS)

Code	Description
0HTT0ZZ	Resection of right breast, open approach
0HTU0ZZ	Resection of left breast, open approach
0HTV0ZZ	Resection of bilateral breasts, open approach

Codes for Hospice Exclusions (UBREV)

Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)