

Quality Compliance Form

| Breast Cancer Screening (BCS) | | |
|--|---|-----------|
| Provider Information | | |
| Provider Name | | |
| Address | | |
| Specialty | | |
| NPI | | |
| Tax ID | | |
| Contact Name | | |
| Contact Phone | | |
| Patient Information | | |
| Patient Name | | |
| DOB | | |
| Highmark Blue Cross Blue Shield of Western New York Insurance | Primary | Secondary |
| ID# | | |
| Measure/Description | Women age 52-74 (1949-1971) who had at least one screening mammogram between October 1, 2021 and December 31, 2023. | |
| <p>Required Documents</p> <p>*CCD's are not accepted per NCQA regulations</p> <p>*Breast MRIs and Breast ultrasounds are not accepted for measure</p> | <p>Exclusions - Documentation must include evidence of:</p> <ul style="list-style-type: none"> Bilateral mastectomy performed, or Two unilateral mastectomies performed (on two separate dates of service, which must be at least 14 days apart) | |
| Comments | | |

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