

### 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><b>Required Documents</b></p> <p>*CCD's are not accepted per NCQA regulations</p> <p>*Breast MRIs and Breast ultrasounds are not accepted for measure</p>	<p><b>Exclusions</b> - Documentation must include evidence of:</p> <ul style="list-style-type: none"> <li>Bilateral mastectomy performed, or</li> <li>Two unilateral mastectomies performed (on two separate dates of service, which must be at least 14 days apart)</li> </ul>	
Comments		

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