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**AAVBC**

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American Academy  
of Value Based Care

# Breast Cancer

## Quick Coding Guide

2026

# AAVBC Breast Cancer Quick Reference Guide

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## 1. CLINICAL SNAPSHOT

**Definition:** Breast cancer is a heterogeneous malignant neoplasm originating from the epithelial cells of the terminal duct lobular unit. It is characterized by dysregulated cellular mitosis, local tissue invasion, and the potential for hematogenous or lymphatic metastasis.<sup>1</sup>

### ICD-10 Codes and HCC/RAF V28:<sup>2</sup>

ICD-10 Code	Description & Specificity Requirement	HCC Mapping	RAF Weight
<b>C50.X</b>	Malignant neoplasm of breast. Must specify Laterality (1=R, 2=L, 9=Unspecified) and Gender (1=F, 2=M)	HCC 23	0.186
<b>C50.A</b>	Malignant inflammatory neoplasm of breast. Use C50.A1 for Right or C50.A2 for Left	HCC 23	0.186
<b>C78.0</b>	Secondary malignant neoplasm of the lung. Represents metastatic spread to the lungs	HCC 17	4.209
<b>C78.7</b>	Secondary malignant neoplasm of liver and intrahepatic bile duct	HCC 17	4.209
<b>C79.31</b>	Secondary malignant neoplasm of brain	HCC 17	4.209
<b>C79.51</b>	Secondary malignant neoplasm of bone	HCC 18	2.341
<b>Z85.3</b>	Personal history of malignant neoplasm of breast. Use for survivors not on active treatment	None	0.000
<b>Z51.0</b>	Encounter for antineoplastic radiation therapy	None	0.000
<b>Z51.11</b>	Encounter for antineoplastic chemotherapy	None	0.000
<b>Z51.12</b>	Encounter for antineoplastic immunotherapy	None	0.000

Abbreviations: HCC, Hierarchical Condition Category; ICD-10, International Classification of Diseases, 10th Revision; L, Left; R, Right; RAF, Risk Adjustment Factor; V28, Version 28 CMS-HCC Model

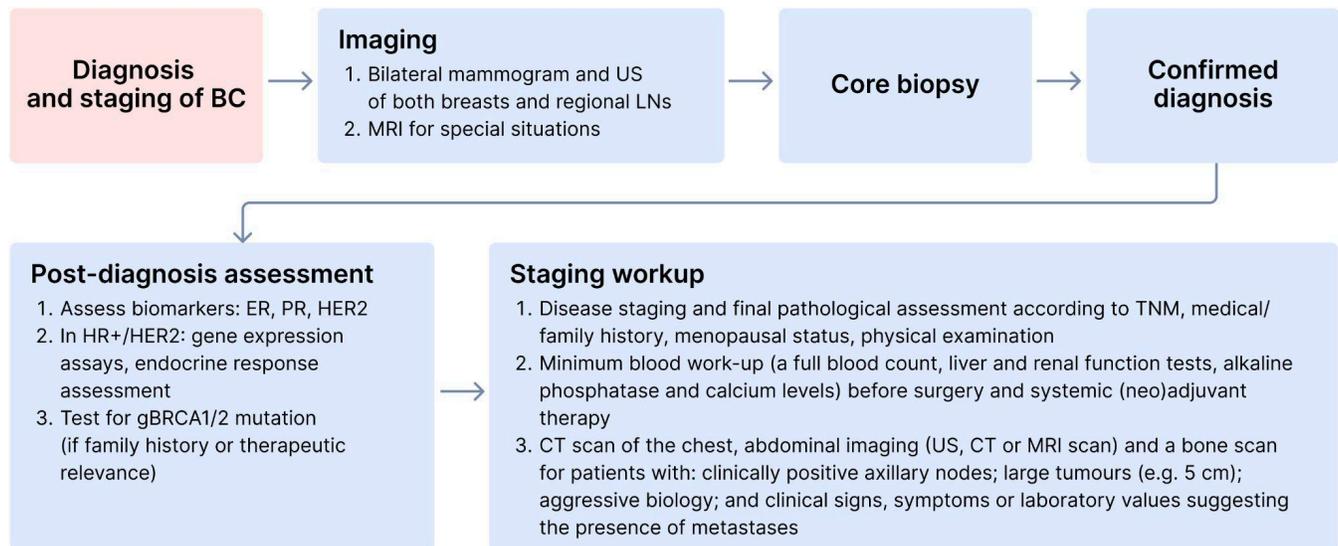
**Prevalence:** Approximately **4 million Americans** are currently living with breast cancer. For the 2025–2026 period, it is estimated that: 316,950 women will be diagnosed with invasive breast cancer<sup>3</sup>; 59,080 women will be diagnosed with *in situ* (non-invasive) lesions, such as Ductal Carcinoma in Situ; 2,800 men will be diagnosed with invasive breast cancer.

**Breast cancer accounts for more than ~14% of oncology spending (\$29.8B, 2020);** and the cost per-member per year (PMPY) fluctuates based on the patient's journey:

Phase of Care	Estimated Annual Medical Cost (PMPY)	Estimated Annual Pharmacy Cost (PMPY)
<b>Initial Care (Months 1–12)</b>	\$35,000 – \$43,400	\$1,100 – \$2,500
<b>Continuing Care (Interim Years)</b>	\$3,500 – \$9,500	\$830 – \$1,500

Phase of Care	Estimated Annual Medical Cost (PMPY)	Estimated Annual Pharmacy Cost (PMPY)
<b>End-of-Life Care (Final 12 Months)</b>	\$76,100 – \$137,000	\$2,700 – \$5,000
Abbreviations: PMPY (per member per year)		

## 2. RECOGNITION & DIAGNOSIS



Breast cancer screening recommendations differ slightly across professional organizations. The variation centers on:

- **Starting age**
- **Screening interval (annual vs biennial)**
- **Upper age limits**
- **High-risk management**

Primary care clinicians should individualize screening based on patient risk, overall health status, and shared decision-making.

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