

HEDIS spotlight

As providers and managed care organizations (MCOs), we are in a crucial position to encourage women to complete recommended preventive services and screenings to help maintain a healthy lifestyle and minimize any health risks. These screenings give ample opportunity for providers to appropriately evaluate and counsel women based on age and risk factors.

Cervical Cancer Screening (CCS)

HEDIS® definition	
<p>The percentage of women 24 to 64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women 24 to 64 years of age who had cervical cytology performed within the last three years. If no cervical cytology in this time frame, then one of the two options below is tested: <ul style="list-style-type: none"> ○ Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. ○ Women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the last five years. 	
Documentation tips	
Measurement period	<ul style="list-style-type: none"> • Hybrid measure: <ul style="list-style-type: none"> ○ Both administrative data and medical record reviews are used for scoring. ○ The denominator is obtained from members in the 24 to 64 age group as of December 31 of the measurement year with a look back to age 21.
Record your efforts	<ul style="list-style-type: none"> • Make sure the medical records reflect: <ul style="list-style-type: none"> ○ The date when the cervical cytology was performed. ○ The results or findings. ○ Documentation in patient’s chart if the patient has a history of hysterectomy by completing details if it was a complete, total or radical abdominal or vaginal hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. Include, at a minimum, the year the surgical procedure was performed.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

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Exceptions	<ul style="list-style-type: none"> • Mandatory exception = palliative care or members using hospice services anytime during the measurement year. • Hysterectomy exceptions that apply anytime during the member's history through December 31 of the measurement year: <ul style="list-style-type: none"> ○ Evidence of hysterectomy with no residual cervix ○ Complete, total, or radical hysterectomy (abdominal or vaginal or unspecified) ○ Hysterectomy plus vaginal Pap smear ○ Vaginal hysterectomy ○ Documentation of hysterectomy and Pap smear is no longer required
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Helpful tips:

- Discuss the importance of well-woman exams, mammograms, Pap tests, and HPV testing with all female members between ages 21 to 64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer member to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV co-testing results be sent to your office.
- Talk to your Amerigroup Washington, Inc. Provider Experience associate to determine if a health screening clinic day has been scheduled in your community. Amerigroup may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.
- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Amerigroup Provider Experience associate for additional details and questions.

How can Amerigroup help?

We help you get Amerigroup members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials, and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters, and health education fliers if available.
- Members are eligible for transportation assistance at no cost, contact Member Services for arrangement.

Description	CPT®/HCPCS/LOINC/ICD-10
Cervical cytology lab test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV lab test	CPT: 87624, 87625 HCPCS: G0476 LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
Absence of cervix diagnosis	ICD-10-CM: Q51.5, Z90.710, Z90.712
Hysterectomy with no residual cervix	CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 ICD-10-PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

Breast Cancer Screening (BCS)

HEDIS definition
<p>The percentage of women 52 to 74 years of age who had a mammogram or a digital breast tomosynthesis to screen for breast cancer:</p> <ul style="list-style-type: none"> • The denominator includes women who were 52 to 74 years of age as of December 31 of the measurement year. • The measure is looking for one or more mammograms or digital breast tomosynthesis screenings any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
Documentation tips to meet HEDIS requirements
<ul style="list-style-type: none"> • This is an administrative measure not requiring medical record review. • Biopsies, MRIs, and ultrasounds do not count for this measure as they are diagnostic and not screening procedures. • If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Experience associate for additional details and questions. • Reach out to members to schedule screenings prior to their annual exam visits. • Include a schedule for breast screening on a preventive medicine chart in the medical record. • If breast screening is done by another provider, request a copy of the test. • Discuss the need for testing with patients. • Ask about patient's previous experiences to determine likelihood of complying with testing. • Consider implementing standing orders for breast cancer screening.

Record your efforts	<p>Include documentation of all types and methods of mammograms including:</p> <ul style="list-style-type: none"> • Screening. • Diagnostic. • Film. • Digital. • Digital breast tomosynthesis. <p>In establishing health history with new members, please make sure you ask about when the member's last mammogram was performed, document year performed in the member's health history.</p>
Exclusions	<ul style="list-style-type: none"> • Member using hospice services anytime during the measurement year. • Members receiving palliative care. • Women who had a bilateral mastectomy or unilateral mastectomy with a bilateral modifier (must be from the same procedure).

Description	CPT/HCPCS
Mammography and digital breast tomosynthesis	CPT: 77061-76063, 77065-77067 LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3Eo51La>).

