

Provider update

HEDIS spotlight

As providers and managed care organizations (MCOs), we are in a crucial position to encourage our members 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 our members based on age and risk factors.

Cervical Cancer Screening (CCS-E)

HEDIS® definition

The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- 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:
 - 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.
Exceptions	<ul style="list-style-type: none"> • Mandatory exception = palliative care or members using hospice services anytime during the measurement year. • Members who died during the measurement year.

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<https://provider.amerigroup.com/WA>

Documentation tips

- Hysterectomy exceptions that apply anytime during the member's history through December 31 of the measurement year:
 - 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

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 Provider Relationship Management associate to determine if a health screening clinic day has been scheduled in your community. Amerigroup Washington, Inc. 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 Provider Relationship Management 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 transportation arrangement.

Description	CPT®/HCPCS/LOINC/ICD-10/SNOWMED CT
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 SNOWMED CT: 171149006, 416107004, 417036008, 440623000, 448651000124104
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 SNOWMED CT: 35904009, 448651000124104
Cervical Cytology Result or Finding	SNOWMED CT: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
hrHPV Test Result or Finding	SNOWMED CT: 718591004
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

* The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at ama-assn.org.

Breast Cancer Screening (BCS-E)

HEDIS definition
<p>The percentage of women 50 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

- 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 Relationship Management 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.

<p>Record your efforts</p>	<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, and document year performed in the member’s health history.</p>
<p>Exclusions</p>	<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/LOINC/ICD-10/SNOWMED CT
<p>Mammography and digital breast tomosynthesis</p>	<p>CPT: 77061-77063, 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, 26347-5, 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, 37028-8, 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</p>

Description	CPT/HCPCS/LOINC/ICD-10/SNOMED CT
	SNOMED CT: 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102
Bilateral mastectomy	ICD10PCS: 0HTV0ZZ- Resection of Bilateral Breast, Open Approach SNOMED CT: 14693006- Bilateral subcutaneous mammectomy (procedure) 14714006- Bilateral mastectomy with excision of bilateral regional lymph nodes (procedure) 17086001- Modified radical mastectomy, bilateral (procedure) 22418005- Bilateral simple mastectomy (procedure) 27865001- Bilateral mastectomy (procedure) 52314009- Bilateral mastectomy extended simple (procedure) 60633004- Bilateral subcutaneous mammectomy with synchronous implant (procedure) 76468001- Bilateral radical mastectomy (procedure) 456903003 726636007- Prophylactic bilateral mastectomy (procedure) 836436008- Simple mastectomy of bilateral breasts using robotic assistance (procedure) 870629001- Bilateral mastectomy for female to male transsexual (procedure)
Unilateral mastectomy	CPT: 19302, 19305, 19306, 19307
Unilateral mastectomy left	ICD10PCS: 0HTU0ZZ- Resection of Left Breast, Open Approach SNOMED CT: 428571003- Mastectomy of left breast (procedure) 726429001- Radical mastectomy of left breast (procedure) 726435001- Subcutaneous mastectomy of left breast (procedure) 726437009- Modified radical mastectomy of left breast (procedure) 741009001- Simple mastectomy of left breast (procedure) 741018004- Subcutaneous mastectomy of left breast with prosthetic implant (procedure) 836437004- Simple mastectomy of left breast using robotic assistance (procedure) 451211000124109- Prophylactic mastectomy of left breast (procedure)
Unilateral mastectomy right	ICD10PCS: 0HTT0ZZ- Resection of Right Breast, Open Approach SNOMED CT: 429400009- Mastectomy of right breast (procedure) 726430006- Radical mastectomy of right breast (procedure) 726434002- Subcutaneous mastectomy of right breast (procedure) 726436000- Modified radical mastectomy of right breast (procedure) 741010006- Simple mastectomy of right breast (procedure) 741019007- Subcutaneous mastectomy of right breast with prosthetic implant (procedure)

Description	CPT/HCPCS/LOINC/ICD-10/SNOWMED CT
	836435007- Simple mastectomy of right breast using robotic assistance (procedure) 451201000124106- Prophylactic mastectomy of right breast (procedure)
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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Colorectal Cancer Screening (COL-E)

HEDIS definition

The percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer

Appropriate screening for colorectal cancer to meet HEDIS requirements

- Members with one or more screenings for colorectal cancer. Any of the following meet criteria:
 - Fecal occult blood test (FOBT) during the measurement period. For administrative data, assume the required number of samples were returned, regardless of FOBT type
 - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
 - Colonoscopy during the measurement period or the nine years prior to the measurement period
 - CT colonography during the measurement period or the four years prior to the measurement period
 - Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period

Documentation tips	Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member's medical history; if this is not clear, the result must also be present.
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| Exclusions | <ul style="list-style-type: none"> • Members in hospice or using hospice services any time during the measurement period • Member with colorectal cancer or a total colectomy any time during the member's history through the end of the measurement period • Members receiving palliative care during the measurement period |
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Appropriate screening for colorectal cancer to meet HEDIS requirements

	<ul style="list-style-type: none"> Members 66 years of age and with frailty and advanced illness. Member must meet both of the following frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> At least two indications of frailty At least two outpatient visits with an advanced illness diagnosis Members who died during the measurement year
Description	CPT/HCPCS/LOINC/ICD-10/SNOWMED CT
Colonoscopy	CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 HCPCS: G0105, G0121 SNOMED CT: 12350003, 25732003, 34264006, 73761001, 174158000, 235150006, 235151005, 310634005, 367535003, 425672002, 425937002, 427459009, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 713154003, 789778002
Flexible Sigmoidoscopy	CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104
FOBT lab test	CPT: 82270, 82274 HCPCS: G0328 LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 SNOMED CT: 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
FOBT test result or finding	SNOWMED CT: 59614000, 167667006, 389076003
sDNA FIT lab test	CPT: 81528 LOINC: 77353-1, 77354-9
SDNA FIT test result or finding	SNOWMED CT: 708699002

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