

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

October 2024



Let's Improve Breast and Cervical Cancer Screening Together!

Breast Cancer Screening (BCS-E)

Measure Requirements:

Members 50-74 years of age that had one or more mammograms any time on or between October 1 in the two years prior to the measurement year and December 31 of the measurement year.

* Members who have claims history of **bilateral mastectomy** or **two unilateral mastectomies** are excluded from the measure.

BCS-E Coding Information:

Mammogram Codes

CPT: 77061-77063, 77065-77067

HCPCS: G0202, G0204, G0206

Mastectomy Codes

CPT: 19180, 19200, 19220, 19240, 19303-19307

ICD-10 PCS: OHTVOZZ, OHTUOZZ, OHTTOZZ

ICD-10 CM: Z90.11, Z90.12 (Acquired Absence of the Breast)

Incentives Program:

Be sure to call our office at **888-348-2922** for more details and the most up-to-date information.

Member Incentive

\$50.00 Reward: Members ages 50-74 that complete a mammogram.

\$50.00 Reward: Members ages 21-64 that complete a cervical cancer screening/pap test during the calendar year.

Provider Incentive

\$25.00 per claim billed with valid CPT code for breast cancer screening.

\$50.00 per claim billed with valid CPT code for cervical cancer screening.

Cervical Cancer Screening (CCS)

Measure Requirements:

Members 21-64 years of age who were screened for cervical cancer using any of the following criteria:

- Age 21-64 - Cervical cytology performed within the last 3 years
- Age 30-64 – Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Age 30-64 - Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years

Members who have chart documentation or claims history of evidence of **hysterectomy with no residual cervix**, cervical agenesis or acquired absence of cervix **ANY TIME** in the member's history through December 31 of the measurement year are excluded.

Documentation in the medical record **MUST** be specific:

- Documentation of **Complete, total, or radical hysterectomy.**
- Documentation of “vaginal pap smear” in conjunction with documentation of “Hysterectomy.”
- Documentation of “vaginal hysterectomy.”



Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.



Here for you!

Thank you for the care you provide to our members!

For questions or for more information, please contact **Alana Hoover** at ABHWHEDIS@aetna.com.

CCS Coding Information:

NEW: For measurement year 2025 CCS will transition to Electronic Clinical Data Systems (ECDS) only reporting. This means that administrative and hybrid reporting methods will be retired for this measure.

Cervical Cytology Codes

CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

hrHPV Test

CPT: 87624, 87625

HCPCS: G0476

LOINCs and Hysterectomy/Cervical Agenesis codes available by contacting QM at ABHVVHEDIS@aetna.com

Common Reasons for Gaps in Care:

- Members may only seek care for acute illness or problems.
- Missing or unspecific hysterectomy documentation- Documentation of hysterectomy alone **does NOT meet** the NCQA CCS measure exclusion guidelines because it does not indicate the cervix was removed.
- Missing/incomplete documentation of pap test history in the medical record.
- Pap test results from other practices, OB/GYN or health departments not in the PCP medical record.
- Anticipatory fear and anxiety about both screenings.
- Poor access to mammography and GYN services in rural areas.
- Members may need to go to a separate facility or provider for mammogram and/or pap test.

Great Resources!

<https://www.cdc.gov/women/index.htm>

<https://www.acog.org/clinical>



Best Practices

- Promote ABHVV \$50 member incentives for breast cancer screening and cervical cancer screening.
- Consider proactive outreach and scheduling to prevent gaps in care.
- Assess transportation circumstances.
- Consider partnering with ABHVV for well-woman events.
- Review mammography history every visit, and provide written order/schedule mammogram if needed.
- Provide Bonnie's Bus phone number, schedule and/or website to members as an additional mammography option as needed
- Assess need for PCP versus GYN to provide mammogram order- member may not have a gynecologist to order mammogram.
- Code for Acquired Absence of Breast during annual visits where appropriate.
- Code for Acquired Absence of Cervix during annual visits where appropriate.
- Review and document Gynecological history at every visit.
- Document specific type of hysterectomy in the medical record, such as total, complete, radical, partial, etc.
- If an OB/GYN, send pap results or Hysterectomy operative report to PCP.
- Maximize opportunities to complete cervical cancer screening during regular well women visits, contraception visits, and other service visits where screening is appropriate to incorporate.
- Request results of screenings performed by OB/GYN, other practices or health departments for medical home record.
- Contact Bonnie's Bus to get information on upcoming locations, dates, and times they will be in the area.