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MEMORANDUM

To: Alliance Providers, and Coding Specialists

From: Michelle Stott, Quality Improvement Director

Date: October 7, 2014

Subject: UPDATED: Helpful Hints to Improve Cervical Cancer Screening Reporting

Providers, please note this is an update to the memorandum sent August 24th. This update contains information regarding HPV screening for women over 30 years.

In an effort to respond to provider concerns regarding cervical cancer screenings and credit for Care Based Incentives (CBI), the Central California Alliance for Health (the Alliance) performed an evaluation of the screenings. It was determined that credit may not have been given due to dependency on appropriate laboratory billing. The Alliance will be working with all laboratories on this issue. Below are three practices identified as ways for PCP offices to receive credit for the screening:

1. To ensure providers achieve full credit, the only code that will indicate that the PAP smear was obtained and sent to the laboratory is Q0091. This is a non-reimbursable code but will allow the most accurate reporting and credit to be assigned for CBI and HEDIS purposes. Providers who obtain the PAP smear during the Well Woman Exam should report **code Q0091 along with the appropriate E&M code.**
Q0091: Screening papanicolaou smear: obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
2. **Effective 10/1/2014 HPV screening is considered payable for women 30 years and older every five years for Medi-Cal members. To ensure the HPV screening for women 30 years and older is completed and reimbursed appropriately, providers must utilize the screening diagnosis code V73.81. This should accompany any orders to the labs.**
V73.81: **Special screening examination for human papillomavirus (HPV)**
3. Women who have no cervix may show up on your provider portal Quarterly Women's Cancer Screening list as due for a PAP. This may impact your CBI and HEDIS rates. To remove these women appropriately from this screening requirement, their history must be reported to the Alliance using the codes below on your encounter claim. This history code needs to be submitted only once every three years for these members to be excluded from the cervical cancer screening measure in CBI and HEDIS.
These codes should NOT be used as a primary diagnosis per coding guidelines:
V88.01 Acquired absence of both cervix and uterus Acquired absence of uterus NOS
Status post total hysterectomy
V88.03 Acquired absence of cervix with remaining uterus

If you have any questions regarding this notification please call the Quality Improvement line at (831) 430- 2622.