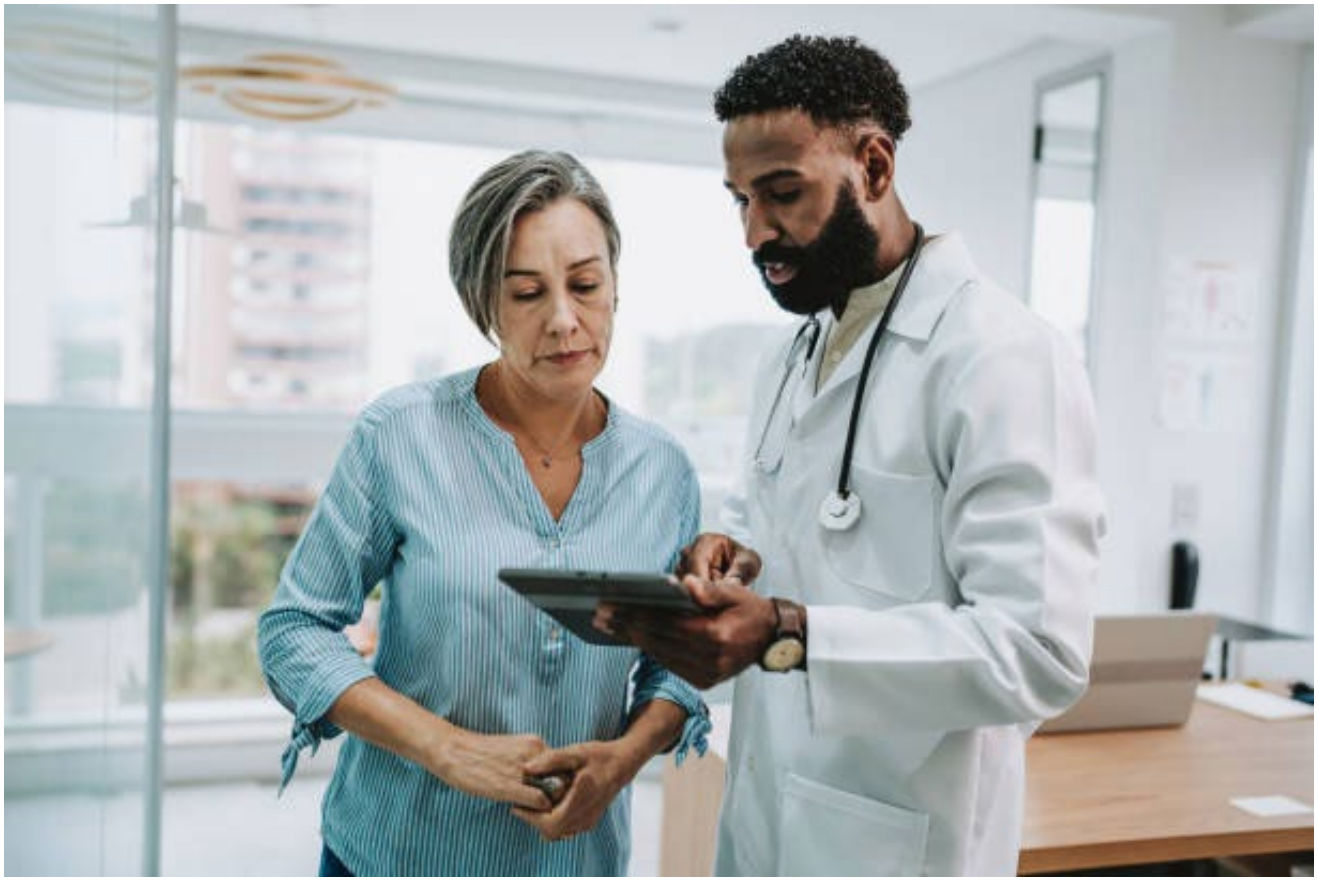
Cancer Screening Provider Toolkit



AmeriHealth Caritas Louisiana

Delivering the Next **Generation** of Health Care

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Disclaimer: The content presented within this training is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information presented and accompanying materials to substitute independent clinical judgement.

About AmeriHealth Caritas Louisiana

Who we are:

AmeriHealth Caritas Louisiana is part of the AmeriHealth Caritas Family of Companies, a national leader in managed care. AmeriHealth Caritas Louisiana provides Louisiana Medicaid recipients access to quality health care. Headquartered in Baton Rouge, AmeriHealth Caritas Louisiana is a mission-driven health care organization whose goal is to improve health outcomes for our members and build healthy communities across Louisiana.

Our values:

Our service is built on advocacy, dignity, diversity, care for those who are poor, compassion, hospitality, and stewardship.

Our mission:

We help people get care, stay well, and build healthy communities.

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Breast Cancer Statistics and Facts

Approximately 1 in 8 women in the US will be diagnosed with invasive breast cancer.

Approximately 1 in 43 women in the US will die from breast cancer.

Breast cancer is the most common cancer diagnosed among women in the US.

In Louisiana, breast cancer is the second leading cause of cancer death among women.

Louisiana ranks 4th in the United States for the death rate of female breast cancer.

Breast cancer risk factors include increasing age, family history, obesity, alcohol consumption, hormone replacement therapy, and breast/chest radiation.

References: (American Cancer Society, Inc., Atlanta, Georgia, 2024)
(Nguyen, et al., 2024)

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Importance & Impacts of Breast Cancer Screening

Most women who develop breast cancer have no known risk factors.

The breast cancer rate has dropped by 44% since 1989 due to advances in treatment and earlier detection.

The 5-year relative survival rate for breast cancer is over 99% when diagnosed at a localized stage.

Breast cancer typically has no symptoms when it is small and easily treatable, which is why mammography screening is important for early detection.

References: (American Cancer Society, Inc., Atlanta, Georgia, 2024)

Breast Cancer Screening Recommendations from the US Preventative Services Task Force

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Recommendation Summary

Population	Recommendation	Grade
Women aged 40 to 74 years	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	B
Women 75 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years or older.	I
Women with dense breasts	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram. See the "Practice Considerations" section for more information on the patient population to whom this recommendation applies and on screening mammography modalities.	I

References: (U.S. Preventive Services Task Force, 2024)

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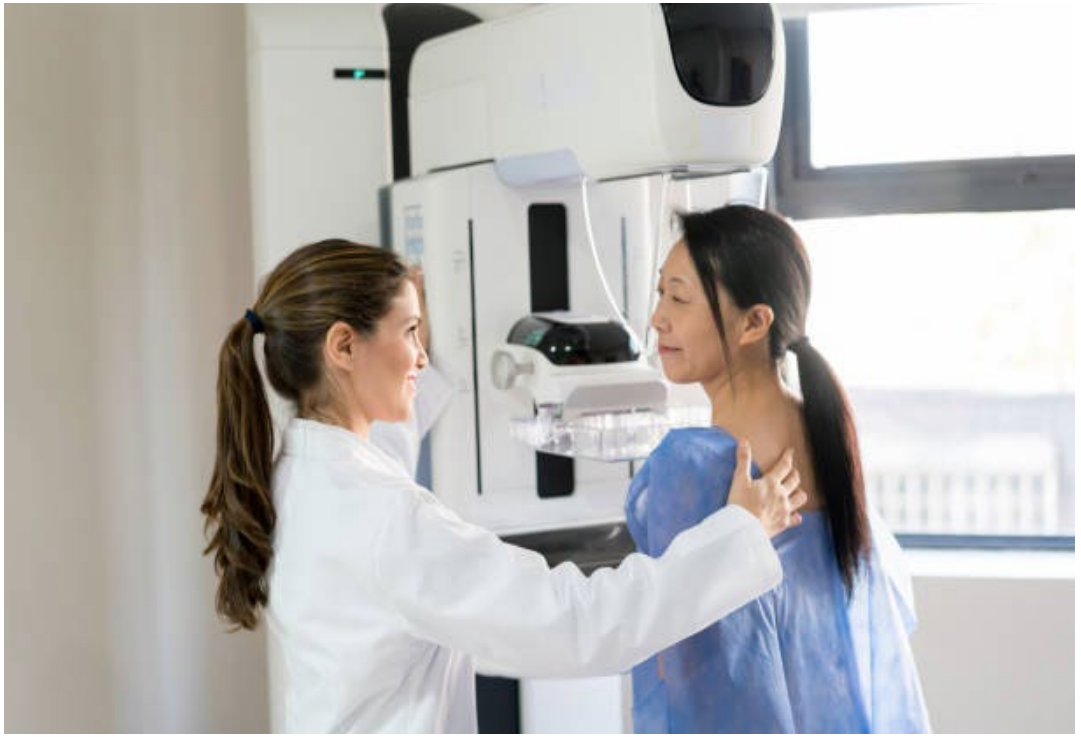
Breast Cancer Screening Documentation

All types of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for screening compliance. Breast biopsies, ultrasounds, and MRI do not count toward Breast Cancer Screening.

Breast Cancer Screening Coding

Mammography:
CPT: 77061, 77062, 77063, 77065, 77066, 77067



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Colon Cancer Statistics and Facts

Louisiana ranks 5th in United States for colorectal cancer death rate.
Almost 90% of people diagnosed at a localized stage will survive at least five years.
The rate of people being diagnosed with colon cancer each year has dropped since the mid 1980's due to screening and lifestyle modifications. However, in people younger than 55 years of age, colon cancer rates have been increasing by 1% to 2% a year since the mid 1990s.
Overall, the risk of developing colon cancer is about 1 in 23 for men and 1 in 25 for women.

References: (American Cancer Society, Inc., 2024) (Nguyen, et al., 2024)

Colon Cancer Screening Recommendations from the U.S. Preventative Services Task Force

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Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

References: (U.S. Preventive Services Taskforce, 2021)

Colon Cancer Screening Recommendations from the U.S. Preventative Services Task Force

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How to implement this recommendation?	**Screen all adults aged 45 to 75 years** for colorectal cancer. Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which test may be best for each person. For example, the tests require different frequencies of screening, location of screening (home or office), methods of screening (stool-based or direct visualization), preprocedure bowel preparation, anesthesia or sedation during the test, and follow-up procedures for abnormal findings. Recommended screening strategies include: • High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year • Stool DNA-FIT every 1 to 3 years • Computed tomography colonography every 5 years • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every 10 years + annual FIT • Colonoscopy screening every 10 years

References: (U.S. Preventive Services Taskforce, 2021)

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Colorectal Cancer Screening Coding

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

Flexible Sigmoidoscopy
CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
HCPCS: G0104

CT Colonography
CPT: 74261, 74262, 74263

Stool DNA (sDNA) with Fit Lab Test
CPT: 81528
FOBT Lab test:
CPT: 82270, 82274
HCPCS: G0328

Common Chart Deficiencies

A result is not required if the documentation is part of the medical history. Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed.

- Colonoscopy in the past 10 years
- Flexible sigmoidoscopy in the past 5 years
- CT colonography in the past 5 years
- Stool DNA (sDNA) with FIT test in past 3 years
- Fecal Occult Blood Test in the measurement year

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Cervical Cancer Statistics and Facts

Widespread cervical cancer screening has reduced the incidence of cervical cancer by over 50% since the mid-2000s.

Cervical cancer is highly treatable when detected early and has a 5-year survival rate of 90% or higher.

Cervical cancer death rates are about 65% higher for Black, African American, and Native American women than for White women.

Most cervical cancers are caused by persistent infection with high-risk HPV, a common sexually transmitted disease.

References: (American Cancer Society, 2023)

Cervical Cancer Screening Recommendations from the U.S. Preventative Services Task Force

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Recommendation Summary

Population	Recommendation	Grade
Women aged 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.	A
Women younger than 21 years	The USPSTF recommends against screening for cervical cancer in women younger than 21 years.	D
Women who have had a hysterectomy	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	D
Women older than 65 years	The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the Clinical Considerations section for discussion of adequate prior screening and risk factors that support screening after age 65 years.	D

References: (U.S. Preventive Services Taskforce, 2018)

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Cervical Cancer Screening Coding

Cervical Cytology (Pap)

- CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
- HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

High-Risk HPV Testing

- CPT: 87624, 87625
- HCPCS: G0476

Exclusion Codes (patients who no longer have a cervix and do not need a CCS)

- ICD10CM: Q51.5, Z90.710 A, Z90.712

Common Chart Deficiencies

- Unclear if member's cervix is absent.
- Hysterectomy is not documented in the chart sufficiently to exclude member from measure.
- Member-reported data was not documented with sufficient information to show the screening was completed with a result in the measure time frame.
- The Pap/HPV test completed, but the results were not documented.

New for 2025 for the Cervical Cancer Screening Measure (CCS)

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- For HEDIS Measurement Year (MY) 2025, the Cervical Cancer Screening (CCS) measure is now reported using only the Electronic Clinical Data Systems (ECDS) methodology. The administrative and hybrid reporting methods, previously available, have been retired.

- Accurate medical record documentation and coding of claims are essential to ensuring screening and exclusions are captured administratively.

Cancer Screening Exclusions

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Members who meet any of the following are excluded:

- In hospice or using hospice services
- Using palliative care services
- Deceased

Cervical Cancer Screening Specific Exclusion:

- Evidence of a hysterectomy with no residual cervix

Breast Cancer Screening Specific Exclusion:

- 66 years of age and older with frailty and advanced illness
- Bilateral mastectomy *or* both right and left unilateral mastectomy
- Had gender-affirming chest surgery with diagnosis of gender dysphoria

Exclusion Codes (patients who no longer have a cervix and do not need screening):

- ICD10CM: Q51.5, Z90.710 A, Z90.712

Early Detection Saves Lives

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Cervical and breast cancer can affect anyone with a cervix or breasts, regardless of gender identity or sexual orientation.

Acknowledging Challenges in LGBTQ+ Health:

- Discomfort or lack of LGBTQ+ affirming care
- Fear, discrimination, or inadequate support
- Importance of finding inclusive health care providers

Inclusive Healthcare Resources:

- The National LGBTQIA+ Health Education Center
- The National LGBT Cancer Network
- Planned Parenthood LGBTQ+ Services
- Local LGBTQ+ Health Centers

References: (National LGBT Cancer Network, 2022)

Strategies to Increase Screening

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Provider Recommendation:

- Encourage screenings during routine visits, as patients are more likely to comply when the recommendation comes from a trusted healthcare provider

Patient Education:

- Inform patients about the importance of early detection using clear, culturally and language-appropriate communication

Access and Convenience:

- Offer screenings at convenient times, including evenings and weekends
- Provide mobile screening units or events
- Reduction of wait times

Reminder Systems:

- Develop automated reminder systems to deliver overdue screening reminder messages via calls, texts, or emails

Use of technology:

- Incorporate EHR prompt reminders during provider visits for cancer screenings that are due

References: (World Health Organization, 2020)

References

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- American Cancer Society, Inc, Atlanta, Georgia. (2024). *Breast Cancer Facts & Figures*. American Cancer Society. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2024/breast-cancer-facts-and-figures-2024.pdf
- Nguyen, T., Kinchen, J., Maniscalco, L., & Wagner, I. (2024) Breast Cancer in Louisiana One Pager Infographic. [2017- 2021 Incidence, Mortality, and Survival data for Louisiana in numerical and graphic form]. Louisiana Tumor Registry. https://sph.lsuhsc.edu/wp-content/uploads/2024/09/FINAL_Cancer-Handouts_Breast_2024.pdf
- US Preventive Services Taskforce. (2024, April 30). Breast cancer: Screening. Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening
- American Cancer Society, Inc. (2024). *Colorectal Cancer: About and Key Statistics*. American Cancer Society. https://www.cancer.org/content/dam/CRC/PDF/Public/8604.00.pdf
- Nguyen, T., Kinchen, J., Maniscalco, L., & Wagner, I. (2024) Colorectal Cancer in Louisiana One Pager Infographic.[2017-2021 Incidence, Mortality, and Survival data for Louisiana in numerical and graphic form]. Louisiana Tumor Registry. https://sph.lsuhsc.edu/wp-content/uploads/2024/09/FINAL_Cancer-Handouts_Colorectal_2024.pdf
- US Preventive Services Taskforce. (2021, May 18). Colorectal cancer: Screening. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
- American Cancer Society. (2023). Key Statistics for Cervical Cancer. American Cancer Society. https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html
- US Preventive Services Taskforce. (2018, August 21). Cervical cancer: Screening. Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
- National LGBT Cancer Network. (2022). Cancer in the LGBTQ+ Community. National LGBT Cancer Network. https://cancer-network.org/wp-content/uploads/2017/02/lgbt-patient-centered-outcomes.pdf
- World Health Organization. (2020). Guide to cancer early diagnosis. Retrieved from https://www.who.int/publications/i/item/9789241511940
- Getty Image: https://www.gettyimages.com/detail/photo/doctor-talking-to-patient-holding-digital-tablet-royalty-free-image/1935661293?phrase=doctors+and+patients&adppopup=true

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