

To: AmeriHealth Caritas Louisiana Providers

Date: September 26, 2023

Subject: Documentation and coding when reporting hysterectomy

Summary: Proper coding is essential to accurately reflect the diagnosis of cervical agenesis, hysterectomy with no residual cervix or acquired absence of cervix.

Recommendations

The U.S. Preventive Services Task Force (USPSTF) recommends that an individual with a cervix aged 21-29 get cervical cancer screening with cytology alone, every 3 years. (1) Individuals aged 30-65 are recommended to screen every three years with cytology alone, every five years with HPV testing alone, or every five years with co-testing (HPV testing in combination with cytology).

If a member does not require a cervical cancer screening due to cervical agenesis or a total hysterectomy, coding should be used to let the health plan help ensure accurate data is captured for care gaps, measure reporting, and potential incentives.

What Can You Do?

When submitting claims for patients who no longer have a cervix and do not need PAP testing/cervical cancer screening, please use applicable code below:

Q51.5	Agenesis and aplasia of cervix
Z90.710	Acquired absence of cervix and uterus
Z90.712	Acquired absence of cervix with remaining uterus

Code system ICD10CM (2)

Correct coding requires accurate documentation of the patient's medical history and current status.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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References:

- (1) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>
- (2) <https://www.aapc.com>