

# PROVIDER QUALITY NEWSLETTER

DECEMBER 2018

**MedPOINT**  
MANAGEMENT  
Pointing Healthcare In The Right Direction



## Happy Holidays & Happy New Year!

We would like to extend our heartfelt thanks to providers and staff for the energy, innovation and patient-focus you bring in efforts to improve the quality of care provided to your patients. We wish you and yours a prosperous and Happy New Year!



## The December 2018 Episource Report is Posted!

The December Episource Report is posted at <https://hedis.episource.com/Account/Login> and includes data up to 11/30/18.



## Blue Shield Medicare Flu Shots

Members of Blue Shield's Medicare Advantage Prescription Drug (MAPD) plans can get a flu shot, at no cost to them, at any of the Blue Shield network retail pharmacies as of October 1, 2018. See enclosed details for further information.



## Health Net Updates

Please see the attached updates from Health Net regarding the following:

- **2018-2019 Influenza Vaccine Recommendations**
  - Includes highlights, vaccine composition, vaccine products, submission, barriers and providing Colorectal FIT kits during flu shot visits for Commercial, Medicare, Medi-Cal and Cal MediConnect.

- **Whooping Cough Epidemic Anticipated for 2018**
  - Includes symptoms, vaccination schedule, risks, CPT codes and educational materials for Commercial, Medicare, Medi-Cal and Cal MediConnect.
- **Medication Trend Updates and Formulary Changes**
  - 4th Quarter 2018 - Mandatory consultation of CURES became effective October 2, 2018, to improve opioid prescribing practices and reduce the risk of opioid use disorders. See the enclosed Provider Update for details on the requirements.
- **HEDIS Annual Medical Record Collection**
  - Health Net will be collecting medical record data from 12/1/8 – 5/15/19 through their contractor called Datafied.



## January is Cervical Health Awareness Month

Start out your new year by focusing on the Cervical Cancer Screening measure during Cervical Health Awareness Month. Please see the attached Tip Sheet from Health Net and educational handouts for your patients.



## Planning for HEDIS Success in 2019

What do you plan to do differently for 2019 to improve the quality of care to your patient and increase your HEDIS scores? Here are a few suggestions:

1. **Blood Pressure** - Remind patients to take their Blood Pressure medication before coming to their appointment to decrease high readings.
2. **BMI** - Document and code for BMI for everyone who receives a visit.
3. **Cervical Cancer Screenings (CCS)** - Plan “pap days” on a monthly basis on a weekday or Saturday. Print CCS educational materials and hand out to all female members age 21-64. Make sure the cytology/HPV lab order is for co-testing (not reflex) for women 30 and over so that the screening is good for 5 years.
4. **Colorectal Screenings** - Give colorectal FIT Kits to people who are receiving flu shots.
5. **Education** - Stock and display educational materials on preventive screenings and diabetes.
6. **Marketing** - Create a poster of patient satisfaction scores and post in reception room to market the success of your office and generate staff pride.
7. **Medicare** - Focus on Medicare members with a goal of all Annual Wellness Exams (AWEs) complete early in the year. Plan to have 85% of Annual Wellness Exams (AWEs) complete by 8/1/19 and avoid the year-end crunch.
8. **Past Services** - When medical notes include past services done by other providers and submit the notes to MedPOINT Management

as non-standard supplemental data via email to [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com) or by fax to (818) 960-0103.

9. **Staff** - Recognize staff for successes, especially when implementing changes that are successful, when measures show year over year improvement, or high patient satisfaction scores are received.
10. **Standing Orders** - Set up standing orders for COL, BCS, CCS, Eye exams and HbA1c. Include instructions on when the next tests should be done.
11. **Templates** - Check chart or EMR templates to make sure all preventive screening elements are present and easy to use. Use HEDIS template forms in paper charts to see what is due at a glance.
12. **Timing** - Plan ahead to have 90% of gaps completed by 10/31/19.
13. **Workflows** - Analyze workflows by asking staff to fill out a post-it note for everything they do in their job. Then the notes can be categorized visually and changes in workflow can be made with buy-in from staff.



October 18, 2018

**Subject: Convenient, No Cost, Flu Protection for Blue Shield of California  
Medicare Advantage Members**

Dear Valued Provider,

Blue Shield of California would like to partner with you to keep your patients healthy during the upcoming flu season. That's why we are making it easier and more convenient for your patients to get a flu shot.

- Effective October 1, 2018, members of Blue Shield's Medicare Advantage Prescription Drug (MAPD) plans can get a flu shot, at no cost to them, at any of our network retail pharmacies, including Albertsons/Osco/Savon, Bel-Air, Costco, CVS/Pharmacy, Fred Meyer, Kmart, Nob Hill, Raley's, Ralphs, Rite Aid Corporation, Safeway and Vons pharmacies, Save Mart, Target (CVS Pharmacy at Target), Walgreens, and Wal-Mart.
- To find additional network pharmacies, members and providers can visit [blueshieldca.com/med\\_pharmacy](http://blueshieldca.com/med_pharmacy). Members can also call Member Services using the number on the back of their member ID card.
- When a member receives a flu shot at a network retail pharmacy, the pharmacy will send a real-time claim directly to Blue Shield.
- MAPD members will be notified of this change through direct mail and reminder calls starting in October. Members may also continue to get flu shots in their doctor's office.

As the flu season approaches, please encourage your patients to get vaccinated against the flu. Their doctor's recommendation is the number one reason that patients get their flu shots. Getting their annual flu shot helps to protect members and their loved ones from the flu.

For information about flu prevention and patient resources, visit the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/flu/](http://www.cdc.gov/flu/).

To get more information about Blue Shield's Flu Shot campaign, call our Provider Customer Service Department at (800) 541-6652

Sincerely,



Richard D. Nguyen, MD, MBA  
Medicare Medical Director

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## 2018–2019 Influenza Vaccine Recommendations

### *Prevention and control of influenza during the 2018–2019 flu season*

On August 24, 2018, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) released the Prevention and Control of Seasonal Influenza with Vaccines Report regarding the use of vaccines to prevent and control influenza for the 2018–2019 season.

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) are providing select information from the ACIP report. The comprehensive report, which includes complete influenza vaccine recommendations for the 2018–2019 season, is available online at [www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm).

### VACCINE HIGHLIGHTS

The ACIP continues to recommend that all persons ages six months or older receive routine annual influenza vaccination with a licensed, recommended and age-appropriate vaccine, unless they have specific contraindications. Health care providers should offer vaccinations as soon as they become available and throughout the flu season, as long as the vaccine is available, since influenza may not appear in certain communities until May. There is no preferential recommendation made for one influenza vaccine product over another for persons for whom more than one licensed, recommended and appropriate product is available.

Additional information from the ACIP report includes the following topics for the 2018–2019 season:

- Groups recommended for vaccination and the timing of vaccination.
- Available vaccine products and indications, including recent regulatory actions on new vaccine licensures and labeling changes for previously licensed vaccines.
- Vaccine dose considerations for children ages six months through eight years.
- Recommendation that the nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) can be used when appropriate for non-pregnant individuals, ages 2 through 49. There is a precaution against the use of LAIV for people with certain underlying medical conditions.
- Recommendation that individuals with an egg allergy may get any licensed, recommended and age-appropriate influenza vaccine.
- Vaccine selection and timing of vaccinations for immunocompromised individuals.

Different influenza vaccine preparations have different indications as licensed by the U.S. Food and Drug Administration (FDA). For the most current information regarding influenza vaccine recommendations, visit the CDC website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
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  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

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## **INFLUENZA VACCINE COMPOSITION FOR 2018–2019**

U.S. trivalent influenza vaccines for 2018–2019 contain an A/Michigan/45/2015 (H1N1) pdm09-like virus, an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus and B/Colorado/06/2017-like virus (Victoria lineage). Quadrivalent influenza vaccines will contain the same three HA antigens as trivalent vaccines, plus a B/Phuket/3073/2013-like virus (Yamagata lineage).

## **VACCINE PRODUCTS FOR THE 2018–2019 SEASON**

Various influenza vaccine products are licensed and available from several different manufacturers. Information about available influenza vaccines is provided online at [www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm).

## **CLAIM SUBMISSION FOR THE INFLUENZA VACCINE**

Reimbursement for influenza vaccines is in accordance with the terms of the provider's Health Net *Provider Participation Agreement (PPA)* and the member's benefit plan design.

## **BARRIERS TO FLU VACCINATION**

Perceived risk and susceptibility to the flu as well as a range of beliefs may act as perceived barriers to vaccine uptake. Results from member surveys indicate many members do not feel they need a flu shot. By addressing members' health beliefs and perceptions about the influenza vaccine, providers' recommendations have been shown to be a strong predictor of vaccination uptake. Recommending the flu vaccine to all eligible members and providing it during appointments, or having flu clinics where members can get the vaccine without having an appointment are strategies for improving vaccination rates.

## **COLORECTAL CANCER SCREENING DURING FLU SEASON**

Colorectal cancer is the second leading cause of cancer death and has the third highest cancer incidence rate despite being highly preventable through colorectal cancer screenings. Providers are encouraged to discuss colorectal cancer screening with patients who are missing this important screening during visits for flu vaccinations and throughout the flu season. Visit [www.flufit.org](http://www.flufit.org) to learn more about the Flu/FIT Program initiative to hand out fecal immunochemical test (FIT) kits to appropriate patients who come in for a flu vaccine. Similar to flu vaccinations, remind patients that screenings via FIT must also be done annually. Providing patients screening options has been shown to improve participation, and a physician recommendation is the strongest factor associated with patient willingness to have a screening.

## **ADDITIONAL INFORMATION**

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.



## Whooping Cough Epidemic Anticipated for 2018

*DTap, Tdap and Td vaccinations are key to minimizing the impact*

A pertussis (whooping cough) epidemic is expected this year due to its cyclic nature, which peaks every three to five years as susceptible persons in a population increase. The 2014 epidemic in California was five times greater than baseline levels and higher among Hispanics.<sup>1</sup> Prior to the pertussis vaccines, about 200,000 children in the United States became sick and 9,000 died.<sup>2</sup> Adolescents (ages 14 to 17) are expected to be the most vulnerable group in California during the 2018 pertussis epidemic.

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) are providing information about pertussis vaccines in this update. Ensure your patients are vaccinated to reduce the impact of the anticipated 2018 epidemic.

### SYMPTOMS

The following table offers a progression of pertussis symptoms:

Stage	Symptoms
EARLY	Duration of 1 to 2 weeks
	<ul style="list-style-type: none"><li>• Cold-like symptoms – runny nose, nasal congestion, sneezing</li></ul>
	<ul style="list-style-type: none"><li>• Low-grade fever</li></ul>
	<ul style="list-style-type: none"><li>• Apnea in young infants</li></ul>
	<ul style="list-style-type: none"><li>• Mild cough</li></ul>
LATER	Duration of 10 weeks or more
	<ul style="list-style-type: none"><li>• Violent, rapid, persistent coughing that can lead to complications, such as, pneumonia, weight loss, poor bladder control, cracked ribs, and broken blood vessels</li></ul>
	<ul style="list-style-type: none"><li>• Difficult to eat, drink or breathe (apnea)</li></ul>
	<ul style="list-style-type: none"><li>• Vomiting and exhaustion</li></ul>
RECOVERY	Duration of 2 to 3 weeks
	<ul style="list-style-type: none"><li>• Susceptible to other respiratory infections</li></ul>
	<ul style="list-style-type: none"><li>• Cough lessens but can reoccur</li></ul>

<sup>1</sup> CDC at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6348a2.html](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6348a2.html).

<sup>2</sup> CDC at [www.cdc.gov/pertussis/about/faqs.html](http://www.cdc.gov/pertussis/about/faqs.html).

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## VACCINATION SCHEDULE

Herd immunity, a disruption of the spread of disease when a large portion of a population is immune to an infection, does not apply to pertussis. Therefore, it is very important to give all recommended doses for pertussis infection so the disease is less serious, is of shorter duration and has a quicker recovery. The table below shows the recommended ages and dosage schedule for vaccine administration:

Category	DTaP vaccine	Tdap vaccine	Td vaccine
<b>DESCRIPTION</b>	Diphtheria, tetanus, pertussis	Tetanus, diphtheria, pertussis	Tetanus, diphtheria
<b>AGE</b>	Initial 5 doses: ages 2, 4, 6, and 15–18 months; 4–6 years	One booster dose: ages 11–12 and adults ages 19–64; each pregnancy at 27–36 weeks	One booster dose: every 10 years after Tdap. If a Tdap was not received at ages 11–12, administer a Tdap instead of a Td shot
<b>BENEFIT</b>	Increases immunity; 5 doses reduces the risk by eight times	Protects infants, birth–2 months. Offers continued protection	Offers continued protection

## POTENTIAL RISKS WITHOUT VACCINATION

Because neonates and infants are at the highest risk of serious complications, hospitalization and mortality, educate all health care personnel, patients, family members, and caregivers about the following risks from not vaccinating against pertussis:

- Increases exposure to infection by pertussis bacteria as immunity wanes.
- Increases the severity of pertussis symptoms and infection.
- Decreases protection for the community.
- Eliminates protection for newborns when not received during each pregnancy.
- Reduces protection from an earlier dose without booster shots (Tdap or Td).
- Increases risk of pneumonia, long-lasting bronchitis, seizures, brain damage, and death.

## VACCINE CPT CODES

When billing for these vaccines, use the related CPT code listed below:

Vaccine	CPT code	Description
<b>DTAP</b>	90700*	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), intramuscular
<b>DT PEDIATRIC</b>	90702	Diphtheria and tetanus toxoids adsorbed (DT), intramuscular
<b>TD ADULT</b>	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular
<b>TD ADULT PF</b>	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular
<b>TDAP BOOSTER</b>	90715*	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular
<b>TDAP</b>	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular

\*If the vaccine is supplied by the Vaccine for Children (VFC) program, add modifier SL and \$0 charge.

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## EDUCATIONAL MATERIALS

Download or order pertussis educational materials at no cost from the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/pertussis/index.html](http://www.cdc.gov/pertussis/index.html). Short video clips are available at [www.cdc.gov/ncird/media/resources/index.html](http://www.cdc.gov/ncird/media/resources/index.html) and [www.shotbyshot.org/story-gallery/](http://www.shotbyshot.org/story-gallery/).

## ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
ENHANCEDCARE PPO (SBG)	1-844-463-8188	provider.healthnet.com	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	
MEDI-CAL	1-800-675-6110	provider.healthnet.com	N/A



## Medication Trend Updates and Formulary Changes – 4th Quarter 2018

*Review information on the CURES mandate, infusion care, new fluoroquinolones label warnings, and quarterly recommended drug list changes*

This update includes information regarding the mandatory use of California's Controlled Substance Utilization Review and Evaluation System (CURES), alternative sites of infusion care for commercial members, new risks on taking fluoroquinolones, and changes to the Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) commercial *Recommended Drug Lists* (RDLs), *Medi-Cal* RDL and *Medicare Part D Formularies* for the fourth quarter of 2018.

### CURES CONSULTATION MANDATE

To improve opioid prescribing practices and reduce the risk of opioid use disorders (OUD), mandatory consultation of CURES became effective October 2, 2018. This mandate applies to:

- Any health care practitioner with both a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate and a California licensure as any one of the following:
  - Dentist, physician, naturopathic doctor, optometrist, osteopathic doctor, physician assistant, podiatrist, registered certified nurse midwife (furnishing), and registered nurse practitioner (furnishing).
- This requirement does not apply to veterinarians or pharmacists.

Health care practitioners must consult the CURES database to review a patient's controlled substance history before prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance for the first time and at least once every four months when the controlled substance is part of a continued treatment plan.

For more information and exemptions, refer to <https://oag.ca.gov/cures> or contact the CURES Program at [CURES@doj.ca.gov](mailto:CURES@doj.ca.gov) or (916) 210-3187.

### ALTERNATIVE SITES OF INFUSION CARE FOR COMMERCIAL MEMBERS ONLY

Health Net continually looks for ways to help our members better manage and obtain medication therapies. Patients being treated with any of the listed products in the table found in this section have the option to transition infusions from the hospital to the home or an ambulatory infusion suite (AIS). Alternate site of infusion care is part of a member's standard benefits.

Health Net has partnered with Coram® CVS Specialty™ Infusion Services as the designated provider for these infusions. Coram provides:

- Experience – More than 30 years of experience in specialized infusion care and demonstrated expertise in the delivery and administration of complex specialty infused medications.

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- **Safety** – Clinicians are certified and specialize in delivery of chronic and complex drug therapy and careful patient monitoring. Experienced nurses stay for the entire infusion duration ensuring patients receive high-level care.
- **Convenience** – In-home and AIS-based infusions are scheduled directly with patients enabling flexibility, independence and enhanced quality of life. Clinical support is available to patients 24 hours a day, seven days a week.
- **Cost** – Infusions may be provided at a lower cost to patients promoting compliance to therapy and ultimately improve outcomes and reduce health costs.

For patient referrals or additional information, contact Peter Tran, PharmD, at (714) 934-3362, Monday through Friday, 9:00 a.m. to 4:00 p.m., and reference the Site of Care Optimization of Therapeutic Infusion (SCOTI) Program.

The products eligible for alternate site of infusion care include:

Disorder	Product	Disorder	Product
Alpha-1 antitrypsin deficiency	Aralast NP	Immune deficiencies and related conditions	Bivigam®
	Glassia®		Carimune® NF
	Prolastin®-C		Cuvitru
	Zemaira®		Cytogam®
Asthma	Cinqair®		Flebogamma® Dif
Autoimmune	Actemra®		Gammagard liquid
	Cimzia® lyophilized powder		Gammagard S/D
	Entyvio®		Gammaked™
	Inflectra®		Gammaplex®
	Orencia®		Gamunex®-C
	Remicade®		Hyqvia
	Renflexis®		Hizentra®
	Rituxan®		Octagam®
	Simponi Aria®		Privigen®
Gout	Stelara®	Lysosomal storage	Aldurazyme®
	Krystexxa®		Cerezyme®
Hereditary angioedema	Berinert®		Elaprase®
	Cinryze®		Elelyso®
	Kalbitor		Fabrazyme
	Ruconest		Kanuma®
Movement	Radicava®		Lumizyme®
Multiple sclerosis	Lemtrada®		Naglazyme®
	Ocrevus®		Vimizim®
	Tysabri®		Vpriv®
Paroxysmal nocturnal hemoglobinuria	Soliris®	Systemic lupus erythematosus	Benlysta®

## FLUOROQUINOLONES ANTIBIOTICS LABEL WARNING UPDATES

In July 2018, the U.S. Food and Drug Administration (FDA) required new safety labeling changes for a class of antibiotics called fluoroquinolones based on a comprehensive review of the FDA's adverse event reports and case reports published in medical literature. The labeling changes are to increase awareness about the risks of mental health side effects, serious blood sugar disturbances, and to make the warnings on labels more consistent for all fluoroquinolones taken by mouth or given by injection.<sup>1</sup>

- Labeling changes of the fluoroquinolone class require listing mental health side effects separately from other central nervous system side effects. These side effects include disturbances in attention, disorientation, agitation, nervousness, memory impairment, and delirium.

<sup>1</sup> U.S. Food & Drug Administration at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612995.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612995.htm).

- The potential risk of coma with hypoglycemia must now be included on the fluoroquinolone class labeling under the Blood Glucose Disturbances subsection due to instances found among users.

Health care providers and patients should consider all risks and benefits of fluoroquinolones and make an informed decision about their use. Remind patients to read the Medication Guide insert that comes with each fluoroquinolone prescription describing the safety issues associated with these medicines.

## RECOMMENDED DRUG LIST AND MEDICARE PART D FORMULARY CHANGES

The Health Net *Recommended Drug Lists (RDLs)* and *Formularies* for commercial and Medi-Cal members, and the *Medicare Part D Formularies* for Medicare members are reviewed each quarter by the Health Net Pharmacy and Therapeutics (P&T) Committee, which includes practicing physicians, pharmacists and other health care professionals, to determine medications to remain on or be moved to a different status. A list of some recent changes is provided beginning on page 4. The list contains brand-name prescription medications, status, alternatives, and comments for the fourth quarter of 2018.

Complete lists of the *RDLs* and *Medicare Part D Formularies* are available on the Health Net provider portal, as listed in the table below, by selecting *Pharmacy Information* or *Provider Library*. Other pharmacy-related provider updates, prior authorization criteria and pharmacy forms are also available online under *Pharmacy Information*.

## PHARMACY HELP LINE

For additional information regarding changes to the commercial Health Net *RDLs*, Health Net Medi-Cal *RDLs* or *Medicare Part D Formularies*, contact the appropriate pharmacy telephone numbers listed below:

- **Pharmacy Services** (commercial): 1-800-548-5524, option #3; fax 1-800-314-6223
- **Pharmacy Service Center** (Medi-Cal and Medicare): 1-800-867-6564; fax 1-800-977-8226
- **Health Net Clinical Pharmacy Line** (clinical programs): 1-800-782-2221

## ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.com
ENHANCEDCARE PPO (SBG)	1-844-463-8188	provider.healthnet.com	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	provider.healthnetcalifornia.com	
MEDICARE (INDIVIDUAL)	1-800-929-9224	provider.healthnetcalifornia.com	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	provider.healthnet.com	
MEDI-CAL	1-800-675-6110	provider.healthnet.com	N/A

## HEALTH NET RECOMMENDED DRUG LIST (RDL), MEDI-CAL RDL AND MEDICARE PART D FORMULARY CHANGES

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value <sup>1</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value <sup>1</sup> (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
ORAL MEDICATIONS							
Benznidazole tablet	Tier 2 (Tier 2)	NF	NF				Treatment of Chagas disease (American trypanosomiasis), caused by Trypanosoma cruzi (T. cruzi) in pediatric patients ages 2 to 12  For commercial line of business, age limit is 2 to 12
Solosec™ (secnidazole) oral granules	NF (NF)	NF	NF	Vaginal preparations: clindamycin (Cleocin®), metronidazole (MetroGel Vaginal,® Vandazole®)  Oral preparations: metronidazole (Flagyl®)	Vaginal preparations: clindamycin (Cleocin)  Oral preparations: metronidazole (Flagyl), tinidazole (Tindamax®)	Vaginal preparations: clindamycin (Cleocin), metronidazole (MetroGel Vaginal, Vandazole), Clindesse®  Oral preparations: metronidazole (Flagyl)	Treatment of bacterial vaginosis in adult women

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 3-Tier Plan (4-Tier Plan)	Medicare Part D Value <sup>1</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value <sup>1</sup> (Tier 1, 2, 3, 4 or 6)	Medi-Cal	
ORAL MEDICATIONS, CONTINUED							
Steglatro™ (ertugliflozin) tablet	NP (NP)	Tier 4	F QL, EST	metformin, glyburide, glipizide, Jardiance®, Invokana®	metformin, glyburide, glipizide, Jardiance, Invokana	metformin, glyburide, glipizide, Jardiance**, Invokana**	An adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus  For Medicare, maximum quantity limit is 1 tablet per day for the 15 mg tablet and 3 tablets per day for the 5 mg tablet  Quantity limit is 1 tablet per day  Step therapy requires a trial of metformin first
Symdeko® (tezacaftor/ ivacaftor; ivacaftor) tablet	NP * (SP *)	Tier 5 *	F *, **			Orkambi® *, **	Treatment of patients with cystic fibrosis ages 12 and older who are homozygous for the F508del mutation or who have at least one mutation in the CFTR gene that is responsive to tezacaftor/ ivacaftor based on in vitro data and/or clinical evidence
Tavalisse™ (fostamatinib) tablet	NP * (SP *)	Tier 5 *	NF	dexamethasone, prednisone	dexamethasone, prednisone	dexamethasone, prednisone	Treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment

Medication	Status			Health Net Formulary Alternative(s)			Comments
	Commercial 1 3-Tier Plan (4-Tier Plan)	Medicare Part D Value <sup>1</sup>	Medi-Cal	Commercial (Tier 1 or 2)	Medicare Part D Value <sup>1</sup> (Tier 1, 2, 3, 4 or 6)	Medi-Cal	

#### OPHTHALMIC PREPARATIONS

Rhopressa® (netarsudil) ophthalmic solution	NF (NF)	NF	NF	latanoprost (Xalatan®), timolol (Timoptic®), brimonidine (Alphagan® P), dorzolamide (Trusopt®)	latanoprost (Xalatan), timolol (Timoptic), brimonidine (Alphagan P), dorzolamide (Trusopt)	latanoprost (Xalatan), timolol (Timoptic), brimonidine (Alphagan P), dorzolamide (Trusopt)	Reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension
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#### INJECTABLE PREPARATIONS

Crysvita® (burosumab) single-dose vial	Medical benefit *	Tier 5 *	Medical benefit *	calcitriol (Rocaltrol®), oral phosphate agent (K- Phos,® K-Phos Neutral®)	calcitriol (Rocaltrol)	calcitriol (Rocaltrol), oral phosphate agent (K-Phos, K-Phos Neutral)	Treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients ages 1 and older
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<sup>1</sup>Medicare Part D Value Formulary = Health Net Seniority Plus Amber I (HMO SNP), Health Net Seniority Plus Amber II (HMO SNP), Health Net Health Heart (HMO).

\*Prior authorization (PA) is required to verify member eligibility and that the member satisfies clinical protocols to ensure appropriate use of the medication.

\*\*CCS = California Children's Services: refer to [www.dhs.ca.gov](http://www.dhs.ca.gov) for the local telephone number to determine member's coverage eligibility.

- F indicates formulary.
- NF indicates nonformulary; NP indicates nonpreferred. These medications require member-specific medical reasons why formulary medications cannot be considered. Requests are reviewed via Health Net's prior authorization process.
- QL indicates quantity limit.
- SP indicates specialty tier.
- EST indicates electronic step therapy.



# PROVIDERUpdate



Health Net®

CONTRACTUAL | NOVEMBER 2, 2018 | UPDATE 18-786sum | 2 PAGES

## Summary Update: Medication Trend Updates and Formulary Changes – 4th Quarter 2018

*Review information on the CURES mandate, infusion care, new fluoroquinolones label warnings, and quarterly recommended drug list changes*

This update includes information regarding the mandatory use of California's Controlled Substance Utilization Review and Evaluation System (CURES), alternative sites of infusion care for commercial members, new risks on taking fluoroquinolones, and changes to the Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) commercial *Recommended Drug Lists* (RDLs), *Medi-Cal* RDL and *Medicare Part D Formularies* for the fourth quarter of 2018.

### CURES CONSULTATION MANDATE

Effective October 2, 2018, health care practitioners must consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II–IV controlled substance for the first time and at least once every four months thereafter.

For more information and exemptions to this mandate, refer to <https://oag.ca.gov/cures> or contact the CURES Program at [CURES@doj.ca.gov](mailto:CURES@doj.ca.gov) or (916) 210-3187.

### CORAM® CVS SPECIALTY™ INFUSION SERVICES FOR COMMERCIAL MEMBERS ONLY

Commercial members being treated with specific products can transition infusions from the hospital, to the home or an ambulatory infusion suite (AIS) as part of their standard benefits. A list of eligible products is available in the complete provider update 18-786, *Medication Trend Updates and Formulary Changes – 4th Quarter 2018*.

To provide an alternate site of infusion care, Health Net has partnered with Coram® CVS Specialty™ Infusion Services, with over 30 years of experience, as the designated provider.

For patient referrals or additional information, contact Peter Tran, PharmD, at (714) 934-3362, Monday through Friday, 9:00 a.m. to 4:00 p.m., and reference the Site of Care Optimization of Therapeutic Infusion (SCOTI) Program.

### FLUOROQUINOLONES WARNING LABEL CHANGES

In July 2018, the U.S. Food and Drug Administration (FDA) required new safety labeling changes for a class of antibiotics called fluoroquinolones.<sup>1</sup> These changes make label

<sup>1</sup> U.S. Food & Drug Administration at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612995.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm612995.htm).

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

#### PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)

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[provider.healthnetcalifornia.com](mailto:provider.healthnetcalifornia.com)

##### Medicare (employer group)

1-800-929-9224

[provider.healthnet.com](mailto:provider.healthnet.com)

##### Medi-Cal – 1-800-675-6110

[provider.healthnet.com](mailto:provider.healthnet.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

[healthnet.com](mailto:healthnet.com)

fax 1-800-937-6086

warnings more consistent for all fluoroquinolones taken by mouth or given by injection. The changes are:

- Listing mental health side effects – which include disturbances in attention, disorientation, agitation, nervousness, memory impairment, and delirium – separately from other central nervous system side effects.
- Adding the potential risk of coma with hypoglycemia under the Blood Glucose Disturbances subsection.

## CHANGES TO THE RECOMMENDED DRUG LIST AND MEDICARE PART D FORMULARIES

A list of recent changes to the Health Net *RDLs* and *Formularies* is available in the complete provider update 18-786. The list contains brand-name prescription medications, status, alternatives, and comments. Complete listings of the *RDLs* and *Medicare Part D Formularies* are available on the Health Net provider portal, as listed in the table below, by selecting *Pharmacy Information*.

## PHARMACY HELP LINE

For additional information regarding the commercial Health Net *RDLs*, Health Net Medi-Cal *RDLs* or *Medicare Part D Formularies*, contact the appropriate pharmacy telephone numbers listed below:

**Pharmacy Services** (commercial): 1-800-548-5524, option #3; fax 1-800-314-6223

**Pharmacy Service Center** (Medi-Cal and Medicare): 1-800-867-6564; fax 1-800-977-8226

**Health Net Clinical Pharmacy Line** (clinical programs): 1-800-782-2221

## ADDITIONAL INFORMATION

To obtain a comprehensive description of the above topics, the complete update, 18-786, is available on the Health Net provider portal, as listed in the table below, in the Provider Library under *Updates and Letters > 2018*; search for provider update 18-786. Providers who do not have access to the Internet may request a print copy of update 18-786 by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at [provider.communications@healthnet.com](mailto:provider.communications@healthnet.com).

For the most current version of the Health Net *RDLs*, visit the Health Net provider portal, as listed in the table below, under *Pharmacy Information > Drug Lists*.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
ENHANCEDCARE PPO (IFP)	1-844-463-8188	<a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a>	<a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a>
ENHANCEDCARE PPO (SBG)	1-844-463-8188	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	
HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO	1-800-641-7761	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	
IFP (COMMUNITYCARE HMO, PPO, PURECARE HSP, PURECARE ONE EPO)	1-888-926-2164	<a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a>	
MEDICARE (INDIVIDUAL)	1-800-929-9224	<a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a>	
MEDICARE (EMPLOYER GROUP)	1-800-929-9224	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	
MEDI-CAL	1-800-675-6110	<a href="http://provider.healthnet.com">provider.healthnet.com</a>	N/A

# PROVIDERUpdate



Health Net®

REGULATORY | NOVEMBER 2, 2018 | UPDATE 18-748 | 1 PAGE

## HEDIS® Annual Medical Record Collection

*Datafied™ to assist and minimize the time required to copy and collect medical records at no cost to providers*

Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) are included in the data collection efforts for the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) 2019 Clinical Effectiveness of Care measures. HEDIS is an important standard set of nationally reported measures that are utilized to assess the quality of care provided to Health Net members.

Collecting data from randomly selected participating providers takes place approximately from December 1, 2018, to May 15, 2019. Contractual agreements between Health Net and its participating providers contain an explicit provision that requires providers to supply member information when requested for health care operations, including quality review purposes, at no cost.

Health Net contracts with Datafied™ to support the HEDIS data collection process. Provider offices that choose to use a copy service vendor other than Datafied may do so at their own expense and will maintain responsibility for ensuring the medical records are released to the vendor and plan.

### DATAFIED

Datafied assists with retrieving medical records to minimize the time required by providers and their staff to collect the records necessary for the HEDIS reporting process. Datafied contacts provider offices by telephone to verify contact information prior to sending out the HEDIS packets. The packet contains a list of Health Net members and the specific medical records or documentation required. The vendor collects all medical records for Health Net's HEDIS collection and offers copy service for high-volume provider sites.

When contacted, it is important for providers to release the applicable medical records within five days or contact the vendor with a time frame for when records will be sent. If records are not available, or the member is not your established patient, please notify Datafied immediately so the request can be redirected.

### ADDITIONAL INFORMATION

If you have specific concerns or questions related to the medical records requested or how or where to send the data, contact the Health Net HEDIS team by telephone at 1-800-640-3545 or by email at HEDIS@healthnet.com (this email address is not secured; do not submit protected health information (PHI) data to this address).

If you have questions for a vendor, refer to the contact information in the letter included with the HEDIS packets to reach that vendor.

#### THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
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- Medicare Advantage (HMO)
- Medi-Cal
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  - Los Angeles
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

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provider\_services@healthnet.com

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##### IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

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##### Medicare (employer group)

1-800-929-9224

provider.healthnet.com

##### Medi-Cal – 1-800-675-6110

provider.healthnet.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

fax 1-800-937-6086



Janice E. Carter,  
Health Net  
*We're invested in supporting provider practices.*

## Cervical Cancer Screening Tip Sheet

**Health Net Community Solutions, Inc. (Health Net) wants to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures.** To assist your practice in increasing your HEDIS rates, we have created this Cervical Cancer Screening (CCS) Tip Sheet outlining key aspects of the CCS HEDIS measure, codes associated with this measure and guidance for proper documentation for compliance.

### What Is HEDIS?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows a direct comparison of quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurements, standardized reporting and accurate and objective side-by-side comparisons.

### CCS Facts

Cervical cancer screening performed by use of Pap testing can identify changes in the cervix before cancer develops and in its early stages. In the early stages of the disease, there can be an absence of signs or symptoms, which makes regular screening of critical importance. According to the American Cancer Society, an estimated 12,820 cases of invasive cervical cancer are expected to be diagnosed in 2017 with projections of 4,210 deaths to occur from cervical cancer.<sup>1</sup>

### CCS HEDIS Measure

Line of Business: Medi-Cal

**Description:** Women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 should have cervical cytology performed every three years.
- Women ages 30 to 64 should have cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

**Not recommended for:** Women with evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Documentation of complete, total or radical abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix.

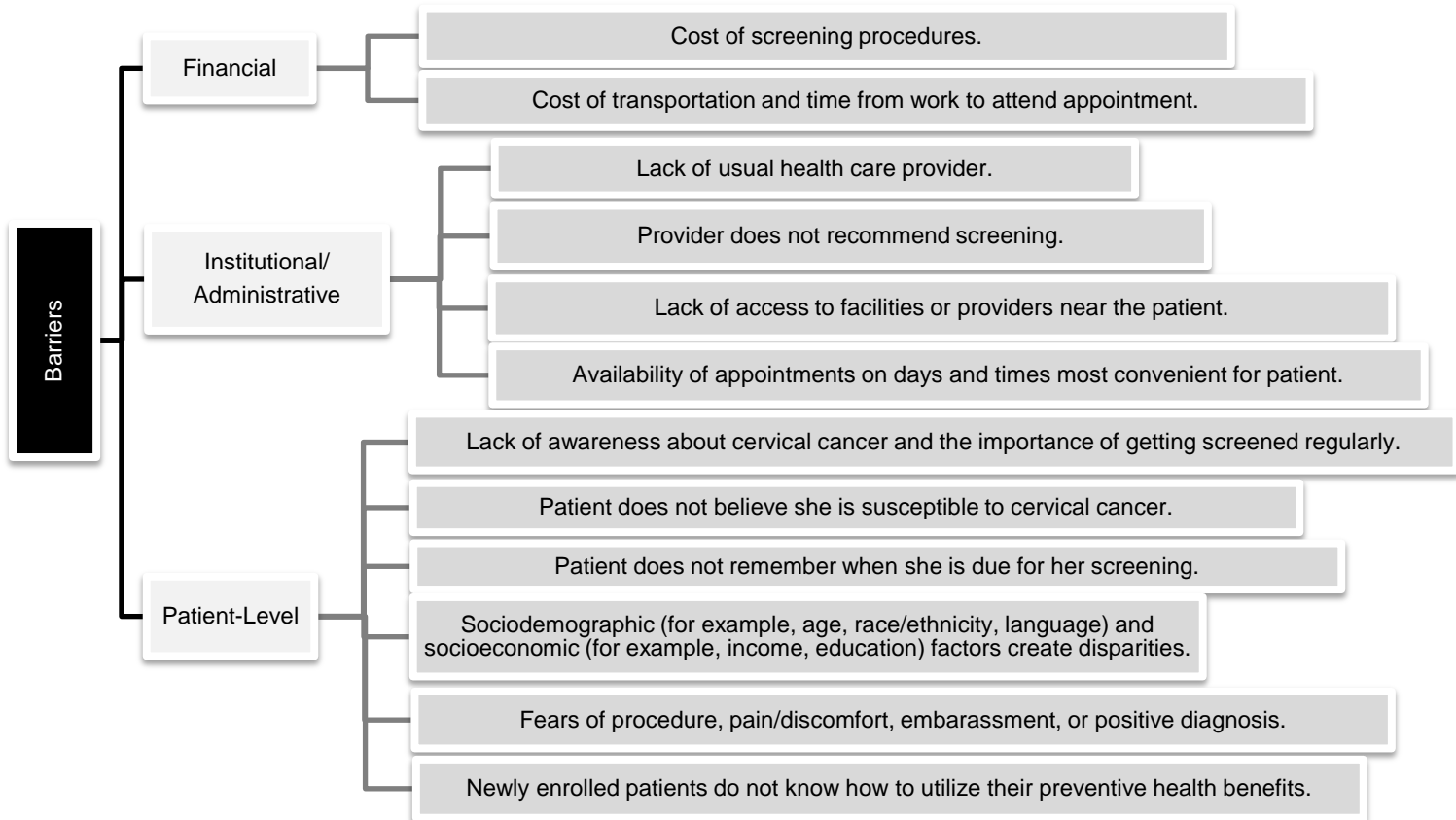
Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.

### Best Practices for Providers

- Assess the patient's risk; may include sexual history, contraceptive practices, family history of cancer, etc.
- Start screening average-risk women for cervical cancer at age 21 every three years with cytology tests alone.
- A combination of cytology and HPV testing once every five years should be performed in average-risk women ages 30 and older.
- Stop screening average-risk women older than age 65 who have had three consecutive negative cytology results or two consecutive negative cytology plus HPV test results within 10 years, with the most recent test performed within five years.
- Do not screen average-risk women younger than age 21.
- Document date and results of completed screening in medical record.
- Medical record must have Pap test results and HPV results documented, even if patient self-reports being previously screened by another provider.
- Accurately document any hysterectomy, cervical agenesis or acquired absence of cervix, which would exclude a woman from being screened for cervical cancer.
- Submit claims and encounter data in a timely manner. Refer to the coding table at the bottom of page 2.
- Audit claims for proper codes and provide education to staff on coding as indicated.
- Address financial barriers by informing patients that cervical cancer screening is a covered preventive service. Members may call Health Net Member Services at the telephone number located on the back of their Health Net identification (ID) card with questions.

# Cervical Cancer Screening Tip Sheet

## Common Barriers to CCS

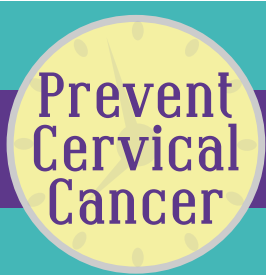


	CPT	HCPCS	LOINC	Exclusion Codes
<b>Cervical cytology codes (ages 21–64)</b>	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528	<b>Absence of cervix</b>  <b>ICD-10:</b> 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ, Q51.5, Z90.710, Z90.712  <b>ICD-9:</b> 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8, 618.5, 752.43, V88.01, V88.03  <b>CPT:</b> 51295, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548
<b>HPV testing (ages 30–64)</b>  <b>To be used with cervical cytology codes</b>	87620,* 87621,* 87622,* 87624,* 87625*	G0476	21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0	<b>Hysterectomy – complete, total or radical abdominal or vaginal</b>  <b>ICD-10</b> 0UT90ZZ, 0UT94ZZ, 0UTC0ZZ, 0UTC4ZZ  <b>ICD-9</b> 68.31, 68.39, 68.41, 68.49, 68.61, 68.69, 68.8, 68.9  <b>CPT</b> 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58541, 58542, 58543, 58544, 58951, 58953, 58954, 58956, 59135, 59525
				<b>Cervical cancer</b>  <b>ICD-10</b> C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41  <b>ICD-9</b> 180.0, 180.1, 180.8, 180.9, 233.1, V10.41

\*To be billed along with cervical cytology codes above; these are not standalone codes.

## References

<sup>1</sup>American Cancer Society, 2017, *Cervical Cancer – What Are the Key Statistics about Cervical Cancer*.  
<http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics>.



with the **Right Test** at the **Right Time**



Screening tests can find abnormal cells so they can be treated before they turn into cancer.

⌚ The Pap test looks for changes in cells on the cervix that could turn into cancer if left untreated.

⌚ The human papillomavirus (HPV) test looks for the virus that causes these cell changes.

The only cancer the Pap test screens for is cervical.



HPV is the main cause of cervical cancer.



- ⌚ HPV is a very common virus, passed from one person to another during sex.
- ⌚ Most people get it, but it usually goes away on its own.
- ⌚ If HPV doesn't go away, it can cause cancer.

Most women don't need a Pap test every year!

Have your 1st Pap test when you're

**21**

If your test results are normal, you can wait **3** years for your next Pap test.



HPV tests aren't recommended for screening women under 30.



When you turn **30** you have a choice:

If your test results are normal, get a Pap test every **3** years.

OR

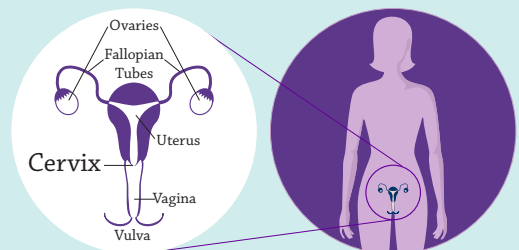
Get both a Pap test and an HPV test every **5** years.

You can stop getting screened if:

- ⌚ You're older than **65** and have had normal Pap test results for many years.
- ⌚ Your cervix was removed during surgery for a non-cancerous condition like fibroids.



The cervix is the lower, narrow end of the uterus (womb) that connects the uterus to the vagina (birth canal).



No insurance? You may be able to get free or low-cost screening through CDC's National Breast and Cervical Cancer Early Detection Program. Call (800) CDC-INFO or scan this QR code.



More information about cervical cancer:  
[www.cdc.gov/cancer/cervical/](http://www.cdc.gov/cancer/cervical/)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control





## Prevenge el cáncer de cuello uterino

con la prueba adecuada en el momento oportuno



Con las pruebas de detección se pueden descubrir células anormales, de manera que se puedan tratar antes de que se conviertan en cáncer.

- ⌚ La prueba de Papanicolaou identifica cambios en las células del cuello uterino que podrían convertirse en cáncer si no se tratan.
- ⌚ La prueba del virus del papiloma humano (VPH) determina si tiene el virus que causa estos cambios celulares.

El único cáncer que se puede detectar con la prueba de Papanicolaou es el cáncer de cuello uterino.

El VPH es la causa principal del cáncer de cuello uterino.



- ⌚ El VPH es un virus muy común que se transmite de persona a persona durante las relaciones sexuales.
- ⌚ La mayoría de las personas contraen este virus, pero generalmente desaparece solo.
- ⌚ Si el VPH no desaparece solo, puede causar cáncer.

La mayoría de las mujeres no necesitan hacerse una prueba de Papanicoláu todos los años.



Hágase esta prueba por primera vez cuando tenga **21** años.

Si los resultados de su prueba son normales, puede esperar **3** años antes de hacerse la próxima prueba de Papanicoláu.

No se recomiendan las pruebas de detección del VPH en mujeres menores de 30 años.

Cuando cumpla **30** años tiene dos opciones:

Si los resultados de sus pruebas son normales, puede hacerse una prueba de Papanicoláu cada **3** años.

Puede hacerse las pruebas de Papanicoláu y VPH cada **5** años.



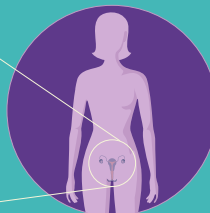
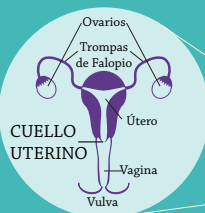
Puede dejar de hacerse pruebas de detección en los siguientes casos:

⌚ Es mayor de **65** años y ha tenido resultados normales de la prueba de Papanicoláu durante varios años.



⌚ Le extirparon el cuello uterino quirúrgicamente a causa de una afección no cancerosa, como fibromas.

El cuello uterino es el extremo inferior angosto del útero que conecta el útero (matriz) con la vagina (canal de parto).



¿No tiene seguro médico? Es posible que le puedan hacer pruebas de detección gratis o a bajo costo a través del Programa Nacional de Detección Temprana del Cáncer de Mama y de Cuello Uterino de los CDC. Llame al (800) CDC-INFO o escanee este código QR.

Más información sobre el cáncer de cuello uterino: [www.cdc.gov/spanish/cancer/cervical/](http://www.cdc.gov/spanish/cancer/cervical/)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control



# Have you heard the secret to cervical cancer prevention?

No? That's because **there is no secret.**

But there are simple steps anyone can take to prevent cervical cancer.

**Vaccinate early.** It is recommended that girls be vaccinated at age 11-12. The vaccine produces a stronger immune response when taken during the preteen years, but young women can be vaccinated through age 26.

**Screen regularly.** Women should start with a Pap test at age 21 and should be co-tested with a Pap and an HPV test starting at age 30. A healthcare provider will offer advice on how often a woman should be screened.

**Learn more about protecting your cervical health at [www.nccc-online.org](http://www.nccc-online.org)**

**NCCC**  
National Cervical Cancer Coalition  
A program of the American Sexual Health Association

