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Provider Education

Breast and Cervical Cancer Screening

Did you know?

Breast cancer is the second most common cancer among women in the United States and cervical cancer is the leading cause of cancer death.*

Evidence indicates that the best way to detect breast or cervical cancer in its early stages is through regular screenings.**

When should breast and cervical cancer screenings be completed?

Breast Cancer Screening
Breast cancer screenings are recommended every two years for female patients ages 50–74.

Cervical Cancer Screening
Cervical cancer screenings are recommended every three years for female patients ages 21–64 OR every five years for female patients ages 30–64 who receive the HPV co-test or an HPV test and result.

Breast and/or cervical cancer screening results may be faxed to: 312-508-7213

If you have any questions, please call Meridian at: 866-606-3700

Reporting patients who do not need a breast or cervical cancer screening

If you have a patient that has had a bilateral mastectomy, a total hysterectomy or vaginal hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix, please send medical record documentation to Meridian. Exclusion forms can be found under "Provider Resources" in "Documents & Forms" at https://corp.mhplan.com/en/provider.

(Medical record documentation must be included with an attestation form)

*https://www.cdc.gov/cancer/breast/statistics/index.htm
**https://www.cdc.gov/cancer/cervical/statistics/index.htm

Code Listings for Screenings

	Cervical Cancer Screening	Breast Cancer Screening
CPT◆	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 87624, 87625	77061-77063, 77065-77067
HCPCS◆	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	Not Applicable
LOINC◆	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0	Not Applicable

◆*Codes listed are specific to the subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.*

The American College of Radiology BI-RADS® Atlas and Mammography Quality Standards Act (MQSA)

What is the Breast Imaging Reporting and Database System (BI-RADS®)?

BI-RADS® is a quality assurance guide designed to standardize breast imaging reporting and facilitate outcome monitoring. BI-RADS® serves as a comprehensive guide providing standardized breast imaging terminology, report organization and assessment structure, as well as a classification system for mammography, ultrasound, and magnetic resonance imaging (MRI) of the breast. The BI-RADS® Atlas also includes the fifth edition of the mammography lexicon and audit system. It provides radiologists with guidance on BI-RADS® through the use of illustrated cases, sample reports, statistical definitions, and explanations for performing mammography audits. It is a systematic method for radiologists to report mammogram findings using seven standardized categories or levels.

Each BI-RADS® category has a follow-up recommendation associated with it to help radiologists and other providers appropriately manage a patient's care.

Category	Assessment	Follow-up Recommendations
a. Assessment is Incomplete		
0	Need additional imaging evaluation and/or prior mammograms for comparison	Need additional imaging evaluation and/or prior mammograms for comparison
b. Assessment is Complete — Final Categories		
1	Negative	Routine annual screening mammography (for women over age 40)
2	Benign finding(s)	Routine annual screening mammography (for women over age 40)
3	Probable benign finding(s) – initial short-interval follow-up suggested	Initial short-term follow-up (usually six months) examination
4	Suspicious abnormality – biopsy should be considered Optional subdivisions:*** 4A: Finding(s) needing intervention with a low suspicion for malignancy 4B: Lesion(s) with an intermediate suspicion of malignancy 4C: Finding(s) of moderate concern, but not classic for malignancy	Usually requires biopsy
5	Highly suggestive of malignancy – appropriate action should be taken	Requires biopsy or surgical treatment
6	Known biopsy-proven malignancy – appropriate action should be taken	Category reserved for lesion(s) identified on imaging study with biopsy proof of malignancy prior to definitive therapy

****A subdivision may be used in addition to the Category 4 final assessment; MQSA does not allow a subdivision to replace a Category 4 final assessment. Use of subdivision is at the discretion of the facility; it is not required by the FDA.*

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