Guidelines for Documentation
Provider Requests for Reconsideration

Acceptable Documentation

- Copy of medical record that indicates screening **performed during measurement period**:
  - Chlamydia screening during the measurement year. *(Lab results must be included.)*
  - Breast cancer screening during the measurement year, or the year prior. *(Diagnostic results must be included.)*
  - Cervical cancer screening during the measurement year, or two years prior. *(Lab results must be included.)*

  OR

- Copy of medical record that indicates the screening is **not required based on the Plan's Clinical Practice Guidelines.** For example, a copy of the medical record documented during the measurement period stating:
  - Member had a "total hysterectomy," "complete hysterectomy," "total abdominal or vaginal hysterectomy," or "radical hysterectomy" (for cervical cancer screening) prior to the measurement period*;
  - Member had a bilateral mastectomy prior (for breast cancer screening) prior to the measurement period; or
  - Member was not sexually active (for Chlamydia screening) during the measurement period.

  OR

- Copy of panel list that reflects member not assigned to your panel for at least seven (7) months during the previous calendar year.

*Note: Non-specific "hysterectomy" is not acceptable. Statement must confirm the absence of a cervix in order to be considered an exclusion.

Examples of Non-Acceptable Documentation

- Copy of medical record indicating the screening was performed outside the measurement period, not the accurate measurement period requested. (i.e., Chlamydia screening from two years prior or breast cancer screening from the current calendar year.)

  OR

- Notation indicating the member was not seen during the measurement period.

  OR

- Notation indicating the member was a "no show" or had no contact information.

  OR

- Notation indicating the member was referred to a specialist (OB/GYN) during the timeframe.

  OR

- Notation indicating the member was confined to a wheelchair.

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