

Cervical Cancer Screening (CCS)

Patient Profile

MVP members 21–64 years of age who have been screened for cervical cancer.

Appropriate screening is defined by one of the following criteria:

- Women 21–64 years of age who have a cervical cytology performed every three years (the measurement year and up to two years prior). Ideally, perform a Pap test at the ages of 21, 24, and 27.
- Women 30–64 years of age who have a cervical cytology with HPV co-testing performed every five years (the measurement year and up to four years prior, and who are at least 30 years or older as of the date of the testing).
 - With HPV co-testing, both the cervical cytology and HPV tests are performed on the same specimen, and both tests are ordered regardless of the cytology result. HPV Reflex testing is not considered co-testing, and does not meet the HEDIS criteria for CCS. Consider ordering PAP + HPV, regardless of the cytology result (for women at least 30 years old).

Those excluded are women who have had a hysterectomy with no residual cervix (complete, total, or radical abdominal or vaginal hysterectomy), cervical agenesis, or acquired absence of cervix.



How to Implement Best Practices and Improve Performance

- Documentation in the medical record must include the name of the cervical screening, date of the test, and the result. This may be documented in an office note or a lab report, and can be submitted.
- Cervical biopsies are not valid for primary cervical cancer screening and cannot be submitted.
- When documenting medical/surgical history, avoid the use of “hysterectomy” alone, as this is not sufficient evidence that the cervix was removed. Be specific: “TAH”, TVH”, etc.
- Documentation of “hysterectomy” alone in combination with documentation that the “patient no longer needs cervical cancer screening,” does meet criteria.
- Documentation of “hysterectomy” alone in conjunction with documentation of “vaginal pap smear” on the specimen report also meets criteria.
- Lab reports stating that the sample was inadequate or “no cervical cells present” cannot be counted, as this is not considered appropriate screening.
- Utilize the *MVP Gaps in Care Report (GIC)* for a list of all MVP members still in need of screening.
- Consider the use of an electronic medical record flag system to alert you to these age or time-sensitive requirements
- Documentation submitted for this measure must comply with the guidelines stated here.

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Billing Codes

CPT Codes

Cervical Cytology:

88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175

HPV Test:

87620–87622, 87624–87625

HCPCS Codes

Cervical Cytology:

G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091

HPV Test:

G0476

UB Revenue Code

0923