

## 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 within the last three years (the measurement year and up to two years prior).
- Women 30–64 years of age who have a cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. (Note: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore additional methods to identify cotesting are not necessary.)
- Women 30–64 years of age who had cervical cytology cotesting within the last five years.

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 any time during the member's history through December 31 of the measurement year.

### 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.
- Documentation for new MVP members who have had a TAH, etc., must be submitted to MVP in order to remove this member from the measure.

Information related to all 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Cervical Cancer Screening (CCS)	
Codes for CCS	Use of these codes will make the member a pass for CCS
Cervical Cytology Lab Test	<b>CPT:</b> 88150, 88141-43, 88147-48, 88152-4, 88164-7, 88174-5
	<b>HCPCS:</b> G0123-4, G0141, G0143-5, G0147-8, P3000-1, Q0091
	<b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
High Risk HPV Lab Test	<b>CPT:</b> 87620-2, 87624-5,
	<b>HCPCS:</b> G0476
	<b>LOINC:</b> 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
Exclusion from CCS	Use of these codes will exclude member from CCS
Hospice Encounter	<b>HCPCS:</b> G9474-79, Q5003-8, Q5010, S9126, T2042-46
	<b>UB Rev:</b> 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	<b>CPT:</b> 99377-78
	<b>HCPCS:</b> G08182
Hysterectomy with No Residual	<b>CPT:</b> 51925, 56308, 57540, 57545, 57550, 58150, 58152, 58200, 58210, 58240, 58260, 58267, 58270, 58275, 58280, 58285, 58548, 58550, 58575, 58951, 58956, 59135, 57555-6, 58262-3, 58290-4, 58552-4, 58570-3, 58953-4
Hysterectomy with No Residual Cervix	<b>ICD-10 PCS:</b> 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
Palliative Care	<b>ICD-10 CS:</b> Z51.5