

Effectiveness of Care Measure

# Cervical Cancer Screening

Learn how to improve your Cervical Cancer Screening (CCS) HEDIS<sup>1</sup> rates by using this tip sheet for key details about its measure, codes, and guidance for documentation.

Cervical cancer screening, such as a Pap or human papillomavirus (HPV) test, can identify changes in the cervix before cancer develops or when it's in its early stages. It's estimated that 14,100 cases of invasive cervical cancer will be diagnosed in 2022 with projections of 4,280 deaths to occur from cervical cancer.<sup>2</sup>



**Measure**

Patients who are 21–64 years of age who were screened for cervical cancer using any of the following criteria<sup>3</sup>:

- Patients 21-64 years of age who had cervical cytology performed within the last three years.
- Patients 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Patients 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years.

**Exclusions**

- Patients who meet the following criteria anytime during the measurement year:
  - Patients in hospice or using hospice services.
  - Patients receiving palliative care.
- Patients who have the following history anytime during the measurement year:
  - Hysterectomy with no residual cervix,
  - Cervical agenesis, or
  - Acquired absence of cervix.

<sup>1</sup> HEDIS – Healthcare Effectiveness Data and Information Set.

<sup>2</sup> American Cancer Society, 2022. Cervical Cancer – What Are the Key Statistics about Cervical Cancer. Retrieved from [www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics](http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics). July 1, 2022.

<sup>3</sup> NCQA. HEDIS 2022 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

Exclusions	
Description	Code
Hysterectomy with no residual cervix	CPT: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135 ICD-10PCS: OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ
Absence of cervix	ICD-10CM: Q51.5, Z90.710, Z90.712

Best practices	Billing Codes Codes to Identify Cervical Cancer Screening	
	Description	Code
<ul style="list-style-type: none"> <li>During office visits, check to see if patient is due for any of the following:                             <ul style="list-style-type: none"> <li>Pap test.</li> <li>Well visit.</li> <li>Sick visit.</li> <li>Urine pregnancy test.</li> <li>Chlamydia/sexually transmitted infection (STI) screenings.</li> </ul> </li> <li>Assess the patient's risk; may include sexual history, contraceptive practices, and/or family history of cancer.</li> <li>Implement standing orders for cervical cancer screening.</li> <li>End screenings for women age 65 or older, if the individual has had a test performed within five years with:                             <ul style="list-style-type: none"> <li>Three consecutive negative cytology results, or</li> <li>Two consecutive negative cytology plus HPV test results within 10 years.</li> </ul> </li> <li>Display culturally appropriate posters and brochures in patient areas to encourage patients to talk to providers about cervical cancer screening.</li> <li>Request to have results of Pap tests sent over if completed at OB/GYN visits.</li> <li>Evidence of hrHPV testing within the last five years also captures patients who had co-testing.</li> <li>Always include dates of service, specific test names and results in the medical record.</li> <li>Maintain documentation for history of total hysterectomy (TAH or TVH), or radical abdominal or vaginal hysterectomy and bill ICD-10 codes for any of the following:                             <ul style="list-style-type: none"> <li>Acquired absence of both cervix and uterus, cervix with remaining uterus, or agenesis and aplasia of cervix. Documentation of a "hysterectomy" alone will not meet the intent of the exclusion.</li> </ul> </li> <li>Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.</li> <li>Member reported information documented in the patient's medical record by a care provider is acceptable as long as:                             <ul style="list-style-type: none"> <li>There is a date and result of the test, or</li> <li>There is a date of the hysterectomy and acceptable documentation of no residual cervix.</li> </ul> </li> <li>Educate patients that cervical cancer screening is a covered preventive service.</li> </ul>	Cervical Cytology Lab Test	CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175  HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
	Cervical Cytology Result of Finding	SNOMED CT: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
	High risk HPV Test	CPT: 87624, 87625 HCPCS: G0476