

Effectiveness of Care Measure

# Cervical Cancer Screening (CCS)



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 13,800 cases of invasive cervical cancer will be diagnosed in 2020 with projections of 4,290 deaths to occur from cervical cancer.<sup>1</sup>

Health Net\*, on behalf of CalViva Health, is committed to working with you to improve the quality of care and health outcomes for our members, your patients. HEDIS® is one tool we use to measure many aspects of performance. This tip sheet outlines key details of the CCS HEDIS measure, its codes and needed documentation.



**Measure**

- This measure demonstrates the percentage of patients ages 21–64 who were screened for cervical cancer using either of the following criteria:<sup>2</sup>
- Patient ages 21–64 who had a cervical cytology performed within the last three years.
  - Patient ages 30–64 who had a cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
  - Patient ages 30–64 who had cervical cytology/high-risk HPV (hrHPV) co-testing performed within the last five years.

**Exclusions**

- Patients who have had a hysterectomy without a residual cervix, cervical agenesis, or acquired absence of cervix are exempt from this measure. Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.
- Patients in hospice.
- Patients in palliative care.
- Exclusion codes.

Description	Codes
Hysterectomy with no residual cervix	<b>CPT:</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135 <b>ICD-10:</b> OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ
Absence of cervix diagnosis	<b>ICD-10:</b> Q51.5, Z90.710, Z90.712

## Billing codes

Codes to identify Cervical Cancer Screening.

Description	Codes
Cervical cytology	<b>CPT:</b> 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091
High-risk HPV test	<b>CPT:</b> 87620–87622, 87624, 87625 <b>HCPCS:</b> G0476

### Tips and best practices to help close this care opportunity.

- During office visits, check to see if patient is due for any of the following:
  - Pap test
  - Well visit
  - Sick visits
  - Urine pregnancy test
  - Chlamydia/sexually transmitted infection (STI) screenings
- Assess the patient’s risk; may include sexual history, contraceptive practices, and/or family history of cancer.
- Implement standing orders for cervical cancer screening.
- End screenings for women age 65 or older, if the individual has had a test performed within five years with:
  - Three consecutive negative cytology results or two consecutive negative cytology plus HPV test results within 10 years.
- Display culturally-appropriate posters and brochures in patient areas to encourage patients to talk to providers about cervical cancer screening.
- Request to have results of Pap tests sent over if completed at OB/GYN visits.
- Evidence of hrHPV testing within the last five years also captures patients who had co-testing.
- Always include dates of service, specific test names and results in the medical record.
- Maintain document for history of total hysterectomy (TAH or TVH), or radical abdominal or vaginal hysterectomy and bill ICD-10 codes for any of the following:
  - 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.
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.
- Member reported information documented in the patient’s medical record by a care provider is acceptable as long as:
  - There is a date and result of the test or,
  - There is a date of the hysterectomy and acceptable documentation of no residual cervix.
- Educate patients that cervical cancer screening is a covered preventive service.

### Best Practices

<sup>1</sup>American Cancer Society, 2020, 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). September 3rd, 2020.

<sup>2</sup>NCQA. HEDIS 2020 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020.