



Cervical Cancer Screening

Learn how to improve your Cervical Cancer Screening (CCS) HEDIS¹ 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 13,820 cases of invasive cervical cancer will be diagnosed in 2024 with projections of 4,360 deaths to occur from cervical cancer.²



Measure

The measure calculates the percentage of patients 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria³:

- 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 are excluded from this measure:
 - In hospice or using hospice services, or
 - Died or received palliative care at any time during the measurement year, or
- Patients who have the following history anytime during the measurement year:
 - Hysterectomy with no residual cervix,
 - Cervical agenesis, or acquired absence of cervix, or
 - Assigned male at birth.

¹ HEDIS – Healthcare Effectiveness Data and Information Set. For more information about HEDIS and Performance Measurement visit the NCQA website. <https://www.ncqa.org/hedis/>

² American Cancer Society, 2024, Cervical Cancer – Key Statistics for Cervical Cancer. Retrieved from <https://www.cancer.org/cancer/types/cervical-cancer/about.html> Last revised: January 17, 2024

³ NCQA. HEDIS Measurement Year 2024 Volume 2: Technical Specifications for Health Plans, Washington, D.C., 2023. www.ncqa.org

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"> During office visits, check to see if patient is due for any of the following: <ul style="list-style-type: none"> Pap test, well visit, sick visit, urine pregnancy test and Chlamydia/sexually transmitted infection (STI) screenings. For patients who would benefit from self-testing, use the newly approved cervical cancer self-test that can be completed in-clinic. Patient lab results are approved for HEDIS. Assess the patient's risk; may include sexual history, contraceptive practices, and/or family history of cancer. Reference Cozeva® to identify patients due for a cervical cancer screening, along with breast cancer screening, chlamydia, colorectal and flu. Coordinate with Planned Parenthood to share data. Implement standing orders for cervical cancer screening and use electronic health record flags to highlight. 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"> 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. Ensure bi-directional data flow between PCP and OB/GYN. 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 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"> 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. Patient-reported information documented in the patient's medical record by a care provider is acceptable as long as: <ul style="list-style-type: none"> 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. Consider periodic after-hours clinics or weekend clinics to assist patients in accessing care. 	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, 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 Lab Test	CPT: 87624, 87625 HCPCS: G0476