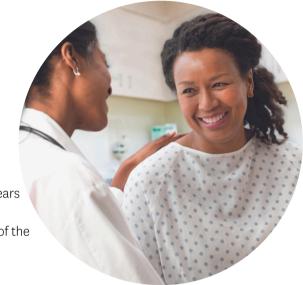


Cervical Cancer Screening

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/highrisk 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: OUTCOZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ		
Absence of cervix	ICD-10CM: Q51.5, Z90.710, Z90.712		

	Billing Codes Codes to Identify Cervical Cancer Screening	
	Description	Code
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	Cervical Cytology Lab Test	CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
 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. 		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
Patient-reported information documented in the patient's medical record by a care	High risk HPV Lab Test	CPT: 87624, 87625 HCPCS: G0476

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