

# Cervical Cancer Screening (CCS and CCS-E)

## New for 2023

### Added

- A direct reference code, Z51.5, for an encounter for palliative care

### Updated

- Members who died during the measurement year is now a required exclusion
- Members who have had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix are now a required exclusion

 This measure is also an ECDS measure



**Yes!**  
Supplemental Data Accepted

## Definition

Percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed in the measurement year or 2 years prior
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The woman must have been at least age 30 on the date of the test.
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> </ul> <p><b>Hybrid</b></p> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> <li>• Medical Record Documentation</li> </ul>

## Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Cervical Cytology	
<b>CPT®/CPT II</b>	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
<b>HCPCS</b>	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
<b>LOINC</b>	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
<b>SNOMED</b>	171149006, 416107004 417036008, 440623000, 448651000124104, 168406009, 168407000, 168408005, 168410007

(Codes continued)

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## Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

High Risk HPV Test	
<b>CPT®/CPT II</b>	87624, 87625
<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, 95539-3
<b>SNOMED</b>	35904009. 448651000124104, 718591004

## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members who died</li> </ul>	Any time during the measurement year
Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix	Any time in a member’s history through December 31 of the measurement year



## Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or 2 years prior	<ul style="list-style-type: none"> <li>Cervical cytology for women ages 21–64</li> <li>High Risk HPV test (hrHPV) with results or findings</li> </ul>	<ul style="list-style-type: none"> <li>Consultation reports</li> <li>Diagnostic reports</li> <li>Health history and physical</li> <li>Lab reports</li> </ul>
Measurement year or 4 years prior – test must be performed when the woman is age 30 or older		

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## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.
  - Documentation of “HPV Test” can be counted as evidence of hrHPV Test, as long as the result is documented.
- Documentation of a “hysterectomy” alone will **not** meet the intent of the exclusion.
  - The documentation must include the words “total,” “complete” or “radical” abdominal or vaginal hysterectomy.
  - Documentation of a “vaginal Pap smear” with documentation of “hysterectomy”
  - Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.
- Member reported information documented in the patient’s medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient’s chart by a care provider.
- Lab results for cervical cancer screening or procedure codes for hysterectomy can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

(Codes continued)