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Provider Bulletin

HEDIS® News You Can Use

Cervical Cancer Screening (CCS-E)

Importance of cervical cancer screening

NCQA retired the Administrative and Hybrid reporting methods. Only the Electronic Clinical Data Systems (ECDS) method will be used for this measure.

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions

This bulletin offers information on any measure changes, best practice suggestions, links to codes and free resources.

Measure requirements

The percentage of women 21-64 years of age who were screened for cervical cancer using one of the following criteria:

- Women 21-64 who had cervical cytology performed within the last 3 years
- Women 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women 30-64 who had cervical cytology/high-risk human papillomavirus HPV (hrHPV) co-testing performed every 5 years

For more detailed measure info, go to MC Gap Closure Reference Guide

Coding information

Use appropriate coding with your claims for administrative compliance.

Cervical Cytology Lab Test:
CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001

High Risk HPV Test:
CPT: 0502U, 87624, 87625, 87626
HCPCS: G0476

For up-to-date, measure specific codes to use, go to MC Gap Closure Reference Guide

Common reasons for Gaps in Care

To avoid a gap in care for Cervical Cancer Screening, have a candid discussion with the patient to explain the procedure and the purpose for screening.

For members assigned but choosing not to establish care, go to
MC PCP Change Request Form

Measure exclusions

Acceptable Exclusions:

- Documentation of a “vaginal Pap smear” with documentation of hysterectomy
- Documentation of “vaginal hysterectomy” without further specification
- Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Documentation must be from the same provider
- Documentation of “complete”, “total” or “radical” hysterectomy (abdominal, vaginal or unspecified) - implies no residual cervix
- Documentation of cervical agenesis

Not Acceptable Exclusions:

- Documentation of hysterectomy alone does NOT meet the criteria because it does not indicate the cervix has been removed
- Supracervical hysterectomy is not acceptable because the cervix remains intact
- Check surgical history and physical exam notes. (Documentation of no cervix may be mentioned in the physical portion of the exam)

Great resources

- Updated Cervical Cancer Screening Guidelines | ACOG
- The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer

Thank you for the care you provide to our members

MC-2026

Best Practices

Tips to improve results

- Call or send personalized letters to patients and alert them of the need for screening - especially for patients that do not come in for care often.
- Code accurately - proper coding ensures compliance.
- Consider reminder phone calls prior to appointments.
- Record all preventive care with results in medical records to ensure compliance with guidelines, including lab results.
- Educate the member on the purpose and procedure of the screening.
- Provide easy to read instructions and patient education tools with pictures concerning cancer screening procedures and follow-up.

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