

## 2019 HEDIS® MEASURE: CERVICAL CANCER SCREENING (CCS)

Gold Coast Health Plan's goal is to help its providers gain compliance with their annual Healthcare Effectiveness Data and Information Set (HEDIS®) scores. This tip sheet will provide the key components to the HEDIS® measure, "Cervical Cancer Screening (CCS)."

**Measure Description: Measures women ages 21 to 64 during the measurement year who were screened for cervical cancer.**

The medical record must include:

- ▶ The date of the cervical cytology and / or the date the HPV test was performed.
- AND**
- ▶ The result or finding.

Criteria used for compliance:

- ▶ For women ages 21 to 64, a cervical cytology screening every 3 years
- OR**
- ▶ For women ages 30 to 64, a cervical cytology / HPV co-testing every 5 years

### Codes to identify cervical cytology and human papilloma virus (HPV) screenings.

Description	CPT	HCPCS	UB REV	LOINC
Cervical Cytology	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P300, P3001, Q0091	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
HPV	87620, 87621, 87622, 87624, 87625	G0476		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

### Codes to identify women excluded from the CCS measure due to absence of cervix.

Description	CPT	ICD-10-CM	ICD-10-PCS	ICD-9-CM*	ICD-9-PCS*
Absence of Cervix	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	Q51.5, Z90.710, Z90.712	OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	618.5, 752.43, V88.01, V88.03	68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8

\* ICD-9 codes used for the retrospective claim review prior to the October 1, 2016 implementation of ICD-10 codes.



**Important HEDIS® Specifications:**

- ▶ Documentation of any cervical cancer screening method that includes collection and microscopic analysis of cervical cells will be considered compliant for this measure.
- ▶ Lab results that explicitly state the sample was inadequate or that “no cervical cells were present” does not constitute appropriate screening for this measure.
- ▶ Biopsies do not count for this measure as they are diagnostic and therapeutic in nature and are not valid for primary cervical cancer screening.
- ▶ In cytology and HPV co-testing, both tests are performed (i.e., samples are collected and both tests are ordered, regardless of the cytology result) on the same date of service. If the medical record indicates the HPV test was performed only after determining the cytology result, this is considered reflex testing and does not meet criteria for this measure.

**Best Practices:**

- ▶ Designate a care team member to reach out to patients due for cervical cancer screening.
- ▶ Ensure screening is ordered when it is due, regardless of the reason for the visit.
- ▶ Empower your medical assistants and nurses with standing orders to screen and identify patients who are currently due or past due for their pap.
- ▶ Send targeted mailings, text messages or emails and follow-up telephone calls to chronically non-compliant patients.
- ▶ Display culturally-appropriate posters and brochures at an appropriate literacy level in patient areas to encourage patients to talk to providers about CCS.
- ▶ Cultural competency is not just limited to race, ethnicity and culture. Perceptions, values, beliefs and trust can also be influenced by factors such as religion, age, sexual orientation, gender identity and socioeconomic status.
- ▶ For patients who completed their cervical cancer screening at a different clinic, assess and document the date, location, and result of their last screening and have the physician sign the note. Also, have the patient sign a release of records.
- ▶ Create prompts in your EMR for screening that do not turn off until results are received, rather than when the test is ordered.
- ▶ Document the current care plan and routinely provide a copy to the patient.

For additional information on specific HEDIS® measures, please visit the websites for the [National Committee for Quality Assurance \(NCQA\)](#) or the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

Effective January 1, 2014, NCQA replaced the coding tables with “value sets” which contain all applicable codes that can be used to identify a specific service or condition included in any measure. Detailed information on the data sets and technical specifications can be found [here](#).

GCHP does not intend this information to be medical advice, but a tool to assist in compliance with the HEDIS® measures.