

Cervical Cancer Screening Tip Sheet



CERVICAL CANCER SCREENING (CCS) HEDIS MEASURE

Description: Women ages 21 to 64 should be screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 should have cervical cytology performed every three years.
- Women ages 30 to 64 should have cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Not recommended for: Women with evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Documentation of complete, total or radical abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. However, ensure proper documentation.

CODING	CPT	HCPCS	ICD 10	Lab Extracts
Cervical cytology codes (ages 21-64)	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	Abdominal hysterectomy: OUT90ZZ, OUT94ZZ, OUTC0ZZ,OUTC4ZZ Absence of cervix: Q51.5, Z90.710, Z90.712, OUTC0ZZ, OUTCC4ZZ, OUTC7ZZ,OUTC8ZZ Cervical cancer: C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41	Cervical cytology: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
Cervical cytology plus HPV co-testing codes (ages 30-64)	87620*, 87621*, 87622*, 87624*, 87625*	Same as above	Q51.5, Z90.710, Z90.712, OUTC0ZZ, OUTCC4ZZ, OUTC7ZZ,OUTC8ZZ Cervical cancer: C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41	HPV test*: 21440-3, 30167-1, 38372-9, 42481-2, 49896-4, 59263-4, 592642, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0
EXEMPT: Hysterectomy without residual cervix			Q51.5, Z90.710, Z90.712	

Not all codes are covered by Medicaid. *To be billed along with cervical cytology codes above; these are not standalone codes.

Optional Exclusions

Total Hysterectomy Evidence in the medical record must include a note indicating a hysterectomy with no residual cervix. The documentation must have occurred on or before December 31, MY. The following is compliant for total hysterectomy documentation:

- Documentation of “complete,” “full,” “total,” or “radical” abdominal or vaginal hysterectomy
- Documentation of “vaginal hysterectomy”
- Documentation of “vaginal pap smear” in conjunction with documentation of “hysterectomy”
- Documentation of the following acronyms:
 - TAH: Total Abdominal Hysterectomy
 - TVH: Total Vaginal Hysterectomy
 - TLH: Total Laparoscopic Hysterectomy
- Documentation of hysterectomy in combination with documentation that patient no longer needs pap testing/cervical cancer screening

Note: Documentation of hysterectomy alone does not meet the criteria for exclusion.

Cervical agenesis or acquired absence of cervix – Documentation of cervical agenesis or acquired absence of cervix anytime during the member’s history through December 31, MY. This also includes documentation of transgender male to female.

Hysterectomy Vaginal Cuff – We received clarification from NCQA that documentation indicating hysterectomy with vaginal cuff intact would be a valid exclusion.

Deceased – Members who die during the measurement year may be excluded from measures and indicators.

BEST PRACTICES FOR PHYSICIANS

- Stop screening average-risk women older than age 65 who have had three consecutive negative cytology results or two consecutive negative cytology results plus HPV test results within 10 years, with the most recent test performed within five years.
- Document date and results of completed screening in medical record.
- Medical record must have cervical cytology test results and HPV results documented, even if patient self-reports being previously screened by another provider.
- Submit claims and encounter data in a timely manner. Refer to the coding table above.
- Audit claims for proper codes and provide education to staff on coding as indicated
- Address financial barriers by informing patients that cervical cancer screening is a covered preventive service

DOCUMENTATION & CODING TIPS

Conditions that go undocumented usually also go untreated. This is just one of the important reasons that thorough and accurate Risk Adjustment coding is critical to patient care. Additionally, comprehensive coding provides specialists and ancillary providers insight into a patient's complete health profile. Please review the tips below to ensure that you are following the appropriate steps for accurate Risk Adjustment coding.

- Ensure the signature on the medical record (such as chart notes and progress notes) is legible and includes the signee's credentials.
- For Electronic Health Records, confirm all electronic signature, date, and time fields are completed. Include qualifying words such as "Authenticated by," "Verified by," or "Generated by."
- Make sure the physician documents to the highest degree of specificity in the medical record.
- Assign the ICD-10 code that includes the highest degree of specificity.
- Include proper causal or link language to support highest degree of specificity in diagnosis and coding.
- Verify that the billed diagnosis codes are consistent with the written description on the medical record.
- Include whether the diagnoses are being monitored, evaluated, assessed/addressed, and treated (MEAT) in the documentation.
- If a chronic condition is currently present in a member, do not use language such as "history of."
- On the medical record, document all chronic conditions present in the member during each visit.
- At least once per year, submit all chronic diagnosis codes based on documentation in a claim.

COMPLIANT CHART EXAMPLES

Date of service: 2/15/2021
History of Present Illness
History from: patient
Reason for visit: WWE
History of Present Illness: 60 YO female here for WWE
Pt states last pap in June 2020; result was normal

Member states when Pap was conducted and results; noted in history section

Healthcare maintenance:
Last pap: NILM 3/22/2020

Compliant for Pap test. NILM (negative for intraepithelial lesion or malignancy) is an acceptable result.

Female Reproductive History
Menstrual LMP 3/20/2021
PAP 6/20/20 PAP Ascus/HPV Neg

Compliant for hrHPV screening for a woman 30-64 years of age.

Pap
02/20/2014 CIN I HPV: Negative, 10/10/2017

Compliant for hrHPV screening for a woman 30-64 years of age.