

Cervical Cancer Screening (CCS)

Measure definition

The percentage of member 21 – 64 years of age who were screened for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.¹

Information that patient medical records should include

- Documentation in the medical record must include both the date when test was performed and the results or findings. A result of 'unknown' is not considered a result/finding.
- Count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Do not count lab results that explicitly state the sample was inadequate or that 'no cervical cells were present'; this is not considered an appropriate screening.
- Do not count biopsies, because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.
- Lab results that indicate the sample contained 'no cervical cells' may be used if a valid result was reported for the test.
- A PAP test that returns with a result of 'ASCUS (Abnormal Squamous Cells of Undetermined Significance) is considered an abnormal result for a PAP test and is acceptable to abstract.
- Generic documentation of HPV test can be counted as evidence of hrHPV test.
- Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.
- A reflex HPV test, with results, is acceptable to abstract for hrHPV testing. A reflex HPV test is usually performed when the PAP test returns as abnormal. If a PAP test is returns as normal, the reflex HPV test may not be completed.
- Member reported information is acceptable. Must be documented in the medical record by the PCP or specialist while taking the members history.
- Provider forms may be used. Must have the date and result of tests, and rendering provider signature.

Sex at Birth - Female

LOINC 76689-9 with LOINC LA3-6

Sex assigned at Birth – Male

LOINC 76689-9 with LOINC LA2-8



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Codes

Cervical Cytology Lab Test	
CPT	
88141-88413, 88147, 88148, 88150, 88152, 88153, 88164 – 88167, 88174, 88175	
HCPCS	Description
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
10524-7	Microscopic observation [Identifier] in Cervix by Cyto stain
18500-9	Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep
19762-4	General categories [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain
19764-0	Statement of adequacy [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain
19765-7	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain
19766-5	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative
19774-9	Cytology study comment Cervical or vaginal smear or scraping Cyto stain
33717-0	Cervical AndOr vaginal cytology study
47527-7	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep
47528-5	Cytology report of Cervical or vaginal smear or scraping Cyto stain
SNOMED	Description
171149006	Screening for malignant neoplasm of cervix (procedure)
416107004	Cervical cytology test (procedure)
417036008	Liquid based cervical cytology screening (procedure)

Cervical Cytology Lab Test

440623000	Microscopic examination of cervical Papanicolaou smear (procedure)
448651000124104	Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)

Cervical Cytology Result or Finding

SNOMED Code	Description
1155766001	Nuclear abnormality in cervical smear (finding)
168406009	Severe dyskaryosis on cervical smear cannot exclude invasive carcinoma (finding)
168407000	Cannot exclude glandular neoplasia on cervical smear (finding)
168408005	Cervical smear - atrophic changes (finding)
168410007	Cervical smear - borderline changes (finding)
168414003	Cervical smear - inflammatory change (finding)
168415002	Cervical smear - no inflammation (finding)
168416001	Cervical smear - severe inflammation (finding)
168424006	Cervical smear - koilocytosis (finding)
250538001	Dyskaryosis on cervical smear (finding)
269957009	Cervical smear result (finding)
269958004	Cervical smear - negative (finding)
269959007	Cervical smear - mild dyskaryosis (finding)
269960002	Cervical smear - severe dyskaryosis (finding)
269961003	Cervical smear - moderate dyskaryosis (finding)
269963000	Cervical smear - viral inflammation unspecified (finding)
275805003	Viral changes on cervical smear (finding)
281101005	Smear: no abnormality detected - no endocervical cells (finding)
309081009	Abnormal cervical smear (finding)
310841002	Cervical smear - mild inflammation (finding)
310842009	Cervical smear - moderate inflammation (finding)
416030007	Cervicovaginal cytology: Low grade squamous intraepithelial lesion (finding)
416032004	Cervicovaginal cytology normal or benign (finding)
416033009	Cervicovaginal cytology: High grade squamous intraepithelial lesion or carcinoma (finding)
439074000	Dysplasia on cervical smear (finding)
439776006	Cervical Papanicolaou smear positive for malignant neoplasm (finding)
439888000	Abnormal cervical Papanicolaou smear (finding)
441087007	Atypical squamous cells of undetermined significance on cervical Papanicolaou smear (finding)
441088002	Atypical squamous cells on cervical Papanicolaou smear cannot exclude high grade squamous intraepithelial lesion (finding)
441094005	Atypical endocervical cells on cervical Papanicolaou smear (finding)
441219009	Atypical glandular cells on cervical Papanicolaou smear (finding)
441667007	Abnormal cervical Papanicolaou smear with positive human papillomavirus deoxyribonucleic acid test (finding)
62051000119105	Low grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding)

Cervical Cytology Result or Finding

SNOMED Code	Description
62061000119107	High grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding)
700399008	Cervical smear - borderline change in squamous cells (finding)
700400001	Cervical smear - borderline change in endocervical cells (finding)

High Risk HPV Lab Test

CPT	
87624, 87625	
HCPCS	Description
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test (G0476)
SNOMED	Description
35904009	Human papillomavirus deoxyribonucleic acid detection (procedure)
448651000124104	Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)

Exclusion	Timeframe
<ul style="list-style-type: none"> ▪ Members who use hospice services or elect to use ▪ Members who die ▪ Members receiving palliative care 	Anytime in the MY
<ul style="list-style-type: none"> ▪ Members with Sex Assigned at Birth Male ▪ Hysterectomy with no residual cervix ▪ Cervical agenesis or acquired absence of cervix 	Anytime in member history

Code	Exclusion Description
ICD-10-CM	Exclusion Description
Z90.710	Acquired absence of both cervix and uterus
Z90.712	Acquired absence of cervix with remaining uterus
Q51.5	Agenesis and aplasia of cervix
HCPCS	Exclusion Description
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a medicare-approved demonstration project)
Z90.712	Patient admitted to palliative care services
SNOMED	Exclusion Description
305284002	Admission by palliative care physician (procedure)
305381007	Admission to palliative care department (procedure)
305686008	Seen by palliative care physician (finding)
305824005	Seen by palliative care medicine service (finding)

Code	Exclusion Description
441874000	Seen by palliative care service (finding)
SNOMED	Exclusion Description
713281006	Consultation for palliative care (procedure)
4901000124101	Palliative care education (procedure)
718890006	Assessment using Integrated Palliative care Outcome Scale Staff Version (3 day recall period) (procedure)
718893008	Assessment using Integrated Palliative care Outcome Scale 5 Patient Version (1 week recall period) (procedure)
718895001	Assessment using Integrated Palliative care Outcome Scale Staff Version (1 week recall period) (procedure)
718898004	Assessment using Integrated Palliative care Outcome Scale 5 Patient Version (3 day recall period) (procedure)
718899007	Assessment using Integrated Palliative care Outcome Scale Patient Version (3 day recall period) (procedure)
718901003	Assessment using Integrated Palliative care Outcome Scale 5 Staff Version (1 week recall period) (procedure)
718903000	Assessment using Integrated Palliative care Outcome Scale 5 Staff Version (3 day recall period) (procedure)
718904006	Assessment using Integrated Palliative care Outcome Scale Patient Version (1 week recall period) (procedure)
718957007	Integrated Palliative care Outcome Scale 5 Staff Version (1 week recall period) (assessment scale)
718967002	Integrated Palliative care Outcome Scale - Staff Version (1 week recall period) (assessment scale)
718969004	Integrated Palliative care Outcome Scale 5 Staff Version (3 day recall period) (assessment scale)
718971004	Integrated Palliative care Outcome Scale Staff Version (3 day recall period) (assessment scale)
718973001	Integrated Palliative care Outcome Scale Patient Version (3 day recall period) (assessment scale)
718974007	Integrated Palliative care Outcome Scale 5 Patient Version (3 day recall period) (assessment scale)
718975008	Integrated Palliative care Outcome Scale Patient Version (1 week recall period) (assessment scale)
718976009	Integrated Palliative care Outcome Scale 5 Patient Version (1 week recall period) (assessment scale)
761865002	Palliative care Outcome Scale symptom list for end-stage renal disease (assessment scale)
761866001	Palliative care Outcome Scale symptom list for end-stage renal disease score (observable entity)
761867005	Assessment using Palliative care Outcome Scale symptom list for end-stage renal disease (procedure)
457511000124100	Palliative performance scale (assessment scale)
103735009	Palliative care (regime/therapy)

Code	Exclusion Description
105402000	Visit of patient by chaplain during palliative care (regime/therapy)
395669003	Specialist palliative care treatment (regime/therapy)
395670002	Specialist palliative care treatment - inpatient (regime/therapy)
395694002	Specialist palliative care treatment - daycare (regime/therapy)
395695001	Specialist palliative care treatment - outpatient (regime/therapy)
443761007	Anticipatory palliative care (regime/therapy)
1841000124106	Palliative care medication review (procedure)
433181000124107	Documentation of palliative care medication action plan (procedure)

Hysterectomy With No Residual Cervix

CPT	
57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290 - 58294, 58548, 58550, 58552 - 58554, 58570 - 58573, 58575, 58951, 58953, 58954, 58956, 59135	
ICD10PCS	Description
0UTC0ZZ	Resection of Cervix, Open Approach
0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach
0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening
0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic
SNOMED Code	Description
24293001	Excision of cervical stump by abdominal approach (procedure)
27950001	Total hysterectomy with unilateral removal of ovary (procedure)
31545000	Total hysterectomy with unilateral removal of tube (procedure)
35955002	Radical vaginal hysterectomy (procedure)
41566006	Excision of cervical stump by vaginal approach (procedure)
46226009	Cervicectomy with synchronous colporrhaphy (procedure)
59750000	Total hysterectomy with unilateral removal of tube and ovary (procedure)
82418001	Manchester operation on uterus (procedure)
86477000	Total hysterectomy with removal of both tubes and ovaries (procedure)
88144003	Removal of ectopic interstitial uterine pregnancy requiring total hysterectomy (procedure)
116140006	Total hysterectomy (procedure)
116142003	Radical hysterectomy (procedure)
116143008	Total abdominal hysterectomy (procedure)
116144002	Total abdominal hysterectomy with bilateral salpingo-oophorectomy (procedure)
176697007	Repair of vaginal prolapse and amputation of cervix uteri (procedure)
236888001	Laparoscopic total hysterectomy (procedure)
236891001	Laparoscopic radical hysterectomy (procedure)
287924009	Excision of cervix stump (procedure)
307771009	Radical abdominal hysterectomy (procedure)
361222003	Wertheim-Meigs abdominal hysterectomy (procedure)
361223008	Wertheim operation (procedure)
387626007	Amputation of cervix (procedure)

Hysterectomy With No Residual Cervix	
414575003	Laparoscopic total abdominal hysterectomy and bilateral salpingo-oophorectomy (procedure)
440383008	Radical amputation of cervix with bilateral total pelvic lymphadenectomy and paraaortic lymph node biopsy (procedure)
446446002	Total abdominal hysterectomy and removal of vaginal cuff (procedure)
446679008	Total laparoscopic excision of uterus by abdominal approach (procedure)
708877008	Laparoscopic total hysterectomy using robotic assistance (procedure)
708878003	Laparoscopic radical hysterectomy using robotic assistance (procedure)
739671004	Total hysterectomy with left oophorectomy (procedure)
739672006	Total hysterectomy with right oophorectomy (procedure)
739673001	Total hysterectomy with left salpingo-oophorectomy (procedure)
739674007	Total hysterectomy with right salpingo-oophorectomy (procedure)
740514001	Total hysterectomy with right salpingectomy (procedure)
740515000	Total hysterectomy with left salpingectomy (procedure)
767610009	Total hysterectomy via vaginal approach (procedure)
767611008	Total abdominal hysterectomy using intrafascial technique (procedure)
767612001	Total hysterectomy via vaginal approach using intrafascial technique (procedure)
1163275000	Laparoscopic radical amputation of cervix uteri (procedure)
24293001	Excision of cervical stump by abdominal approach (procedure)

Tips for success

- Create a reminder to mail to patient for cervical cancer screening.
- Develop a call-back system to remind patients who are due for screening exams.
- Document and code appropriate screenings and exclusions. Documentation of hysterectomy alone must include additional notation of no residual cervix.

Tips for talking with patients

Educate patients about the importance of routine screening:

- Many women with cervical cancer do not have symptoms, which is why regular cervical cancer screenings are so important.
- Cervical cancer screening is an effective method for detecting cervical cancer in early stages, when it is most treatable.

Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans

