

HEDIS Hints

Cervical Cancer Screening (CCS)

Name of Measure

- What is NCQA's Cervical Cancer Screening (CCS) Measure
- Examples of Best Practices Documentation
- Coding to Improve the CCS HEDIS Measure
- Questions

What is NCQA's Cervical Cancer Screening (CCS) Measure?

- The percentage of female members ages 21 to 64 years old who were screened for cervical cancer **using any one of the** following criteria:
 - Females 24-64 years old who had a cervical cytology performed during the measurement year (MY) or two years prior. They must have been 21 years or older on the testing date.
 - Females 30-64 years old who had a cervical high-risk human papillomavirus (hrHPV) testing performed during the MY or four years prior. They must have been 30 years or older on the testing date.
 - Females 30-64 years old who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting during the MY or four years prior. They must have been 30 years or older on the testing date.
- This measure is a **hybrid measure**, meaning it can come from chart review or codes submitted on claims.
- Exclusions:
 - History of hysterectomy with no residual cervix.
 - Members in hospice or who received palliative care at anytime during the measurement year.

What is NCQA's CCS Measure?

- Medical Record Documentation **must include**:
 - The date of testing **and**
 - The result of testing
- Generic documentation of “HPV” test is evidence of hrHPV testing.
- Documentation of a hysterectomy alone does not meet as an exclusion. There must be evidence that the cervix has been removed:
 - Complete, total or radical hysterectomy indicates no cervix is present.
 - Vaginal hysterectomy indicates no cervix is present.
- Member reported data is acceptable if there is a date of service and the result of the testing.

Examples of Best Practices Documentation

- Review HPP's member level reports in our provider portal to identify noncompliant members.
- If a patient tells reports that they had a cervical cancer screening in the past but does not recall the date document the provider/site where the screening was completed.
- Document any screening tests in the patient's medical history with the date of service of the screening and the result.
 - A date can be the exact date, the month and the year or just the year.
 - Results must be documented.
- Save a copy of the screening report with the result in the medical record.
- **Do not code** for a completed test unless you have the test results.
 - If you ordered the screening, the test **must be completed** for the care gap to be closed.

What Is Not Acceptable as Documentation

- Lab reports that state that the sample was “insufficient” or that “no cervical cells were present” does not count as a completed screening.
- Biopsies are considered diagnostic and do not meet the measure requirement.

Patient Education Practices

- Explain the purpose of preventive cancer screenings to your patients.
- If you order a screening for the patient, follow up with the patient to make sure the screening was completed.

Coding to Improve this HEDIS Measure

- **HCPCS:**
 - Cervical Cytology Lab Test (Only to be used when test has been completed): G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
 - HPV Tests (Only to be used when test is completed): G0476
- **CPT:**
 - Cervical Cytology Lab Test (Only to be used when test has been completed): 88141-88143, 88147-88148, 88150, 88152, 88153, 88164-88167, 88174-88175
 - HPV Tests (Only to be used when test is completed): 87624, 87625

Questions?

Please contact ProviderEducation@hpplans.com

or

Teresa McKeever MS, BSN, RN
Director, Quality Management
tmckeeper@hpplans.com