

Cervical Cancer Screening (CCS-E)

2025

Members ages 21–64

COMMERCIAL | MEDICAID

Measure definition

Members who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- **Members ages 21–64** by December 31 of measurement year who had cervical cytology performed within the last 3 years
- **Members ages 30–64** December 31 of measurement year who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- **Members ages 30–64** by December 31 of measurement year who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years



Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected



Commonly used claim codes*

(Not all inclusive; can submit through electronic clinical data systems)

- Cervical cytology: **88175**
- High risk HPV test: **87624**
- Cervical cytology test: **416107004** SNOMED
- Smear: no abnormality detected-no endocervical cells: **281101995** SNOMED

Exclusion:

- Hysterectomy with no residual cervix: **58291, 57530**
- Total abdominal hysterectomy: **116143008** SNOMED

Medical record submission methods may not be applicable to all plan types.
For more details, you can reach out to your HEDIS plan representative.

Required exclusions (Other exclusions may also apply)

- Members in hospice care **or** using hospice services during measurement period
- Members who had a palliative encounter **or** received palliative care anytime during measurement period
- Members who died anytime during measurement period
- Members with sex assigned at birth of male at any time in the patient's history
- Hysterectomy with no residual cervix, cervical agenesis **or** acquired absence of cervix anytime during member's history through December 31 of measurement year

Insights and recommendations

- Exclusion, complete Pap tests during well visits
- Ask to have the Pap test results sent to you if done at Ob/Gyn visits
- Document surgical and preventative screenings with date and results in medical record during telehealth visit or office visit
- **Don't** count biopsies or lab results that state inadequate or no cervical cells present
- Stating just "hysterectomy" alone **doesn't** meet exclusion criteria. Document complete absence of cervix anytime during member's history through measurement year

Examples of a **complete absence of cervix** exclusions are:

- "Hysterectomy" in combination with documentation that patient no longer needs Pap testing/cervical cancer screening
- "Total," "Complete" or "Radical" hysterectomy
- Total Abdominal Hysterectomy (TAH)
- Vaginal hysterectomy with removal of cervix

*FOR COMMONLY USED CODES: Not a comprehensive list of codes.

For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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