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Health Net
We're invested in supporting provider practices.

Cervical Cancer Screening Tip Sheet

Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company (Health Net) want to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. To assist your practice in increasing your HEDIS rates, we have created this Cervical Cancer Screening (CCS) Tip Sheet outlining key aspects of the CCS HEDIS measure, codes associated with this measure and guidance for proper documentation for compliance.

What Is HEDIS?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows a direct comparison of quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurements, standardized reporting and accurate and objective side-by-side comparisons.

CCS Facts

Cervical cancer screening performed by use of Pap testing can identify changes in the cervix before cancer develops and in its early stages. In the early stages of the disease, there can be an absence of signs or symptoms, which makes regular screening of critical importance. According to the American Cancer Society, an estimated 12,820 cases of invasive cervical cancer are expected to be diagnosed in 2017 with projections of 4,210 deaths to occur from cervical cancer.¹

CCS HEDIS Measure

Line of business: Commercial

Description: Women ages 21 to 64 who were 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.

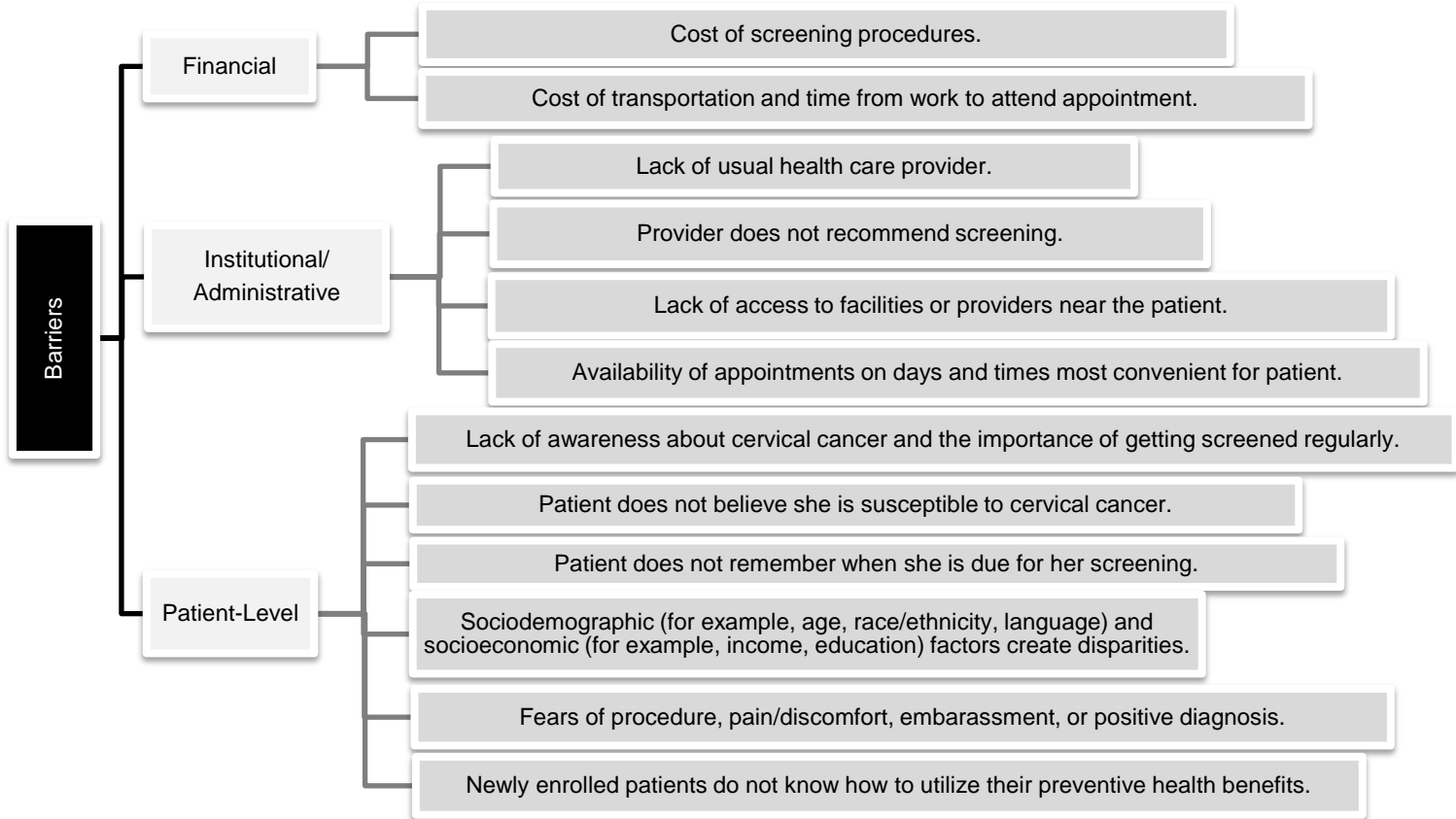
Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.

Best Practices for Providers

- Assess the patient's risk; may include sexual history, contraceptive practices, family history of cancer, etc.
- Start screening average-risk women for cervical cancer at age 21 every three years with cytology tests alone.
- A combination of cytology and HPV testing once every five years should be performed in average-risk women ages 30 and older.
- Stop screening average-risk women older than age 65 who have had three consecutive negative cytology results or two consecutive negative cytology plus HPV test results within 10 years, with the most recent test performed within five years.
- Do not screen average-risk women younger than age 21.
- Document date and results of completed screening in medical record.
- Medical record must have Pap test results and HPV results documented, even if patient self-reports being previously screened by another provider.
- Accurately document any hysterectomy, cervical agenesis or acquired absence of cervix, which would exclude a woman from being screened for cervical cancer.
- Submit claims in a timely manner. Refer to the coding table at the bottom of page 2.
- 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. Members may call Health Net Member Services at the telephone number located on the back of their Health Net identification (ID) card with questions.

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Common Barriers to CCS



	CPT	HCPCS	LOINC	Exclusion Codes
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	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528	Absence of cervix ICD-10: OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ, Q51.5, Z90.710, Z90.712 ICD-9: 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8, 618.5, 752.43, V88.01, V88.03 CPT: 51295, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548
HPV testing (ages 30–64) To be used with cervical cytology codes	87620,* 87621,* 87622,* 87624,* 87625*	G0476	21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0	Hysterectomy – complete, total or radical abdominal or vaginal ICD-10 OUT90ZZ, OUT94ZZ, OUTC0ZZ, OUTC4ZZ ICD-9 68.31, 68.39, 68.41, 68.49, 68.61, 68.69, 68.8, 68.9 CPT 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58541, 58542, 58543, 58544, 58951, 58953, 58954, 58956, 59135, 59525
				Cervical cancer ICD-10 C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, Z85.41 ICD-9 180.0, 180.1, 180.8, 180.9, 233.1, V10.41

*To be billed along with cervical cytology codes above; these are not standalone codes.

References

¹American Cancer Society, 2017, *Cervical Cancer – What Are the Key Statistics about Cervical Cancer*.
<http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics>.