PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Cervical Cancer Screening (CCS-E)

MEASURE DESCRIPTION

Members 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

Age	Screening	Time frame
21-64	Cervical cytology	During the measurement period or the two years prior to the measurement period
30-64	Cervical high-risk human papillomavirus (hrHPV) testing	During the measurement period or the four years prior to the measurement period
30-64	Cervical cytology/hrHPV co-testing	During the measurement period or the four years prior to the measurement period[1]

EXCLUSIONS

Members are excluded if the following apply:

Exclusion	Time frame
• Date of death • Hospice or use of hospice services • Palliative care	Any time during the measurement period
• Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix; documentation "complete", "total", "radical", or "vaginal" hysterectomy must be present • Sex assigned at birth of male	Any time during the member's history through December 31 of the measurement period

CODING[2]

For exclusions, use the appropriate code:

Hysterectomy with no residual cervix	
CPT® I/II[3]	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135
ICD10PCS[4]	0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
Absence of cervix	
ICD10CM	Q51.5, Z90.710, Z90.712
Sex assigned at birth of male	
LOINC[5]	LA2-8

For screenings, use the appropriate code:

Cervical cytology	
CPT I/II	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS[6]	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
LOINC	104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
High risk HPV	
CPT I/II	87624, 87625, 87626, 0502U
HCPCS	G0476

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LOINC	104132-6, 104170-6, 104752-1, 104766-1, 104783-6, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3

TIPS FOR SUCCESS

Patient care

- Provide cervical cancer screening opportunistically
  - Use pre-visit prep to identify patients who are due/overdue
  - Consider adding time to the visit to perform screening
  - Have flow staff prepare for testing as part of rooming
- Ensure contact lists for patients who are due or due soon for screening are updated and outreach is conducted by a scheduler
- Request outside medical records for patients who completed screening with their OB-GYN.
- Educate patients regarding the benefit of early detection of cervical cancer through screenings
- Educate care team on identifying barriers to care: Provide scripting for the care team and provide training on motivational interviewing and health belief systems, cultural awareness
- Implement standing orders for screening and ensure follow-up reports are received

Documentation and coding

- Patient medical records should include:
  - For patients 21-64 years of age on the test date, notation of the date of service when the cervical cytology was performed and the results or findings
  - For patients 30-64 years of age on the test date, notation of the date of service when the high-risk human papillomavirus (hrHPV) test was performed and the results or finding
- Biopsy-only reports do not count for cervical cancer screening
- Document medical and surgical history in the medical record with dates in structured fields; this will allow the corresponding code to be included in electronic reporting, including claims, to health plans
- Partner with your health plan payers to submit electronic data from your EMR
- This is an Electronic Clinical Data Systems (ECDS) measure. Information can only be submitted electronically (EMR extracts and FHIR feeds), through claims, or from medical records sent to the plan by the end of the measurement period. Plans cannot perform chart reviews after the measurement period for this measure.

NOTE: Tip sheets are regularly reviewed and revised with pertinent technical specification updates from NCQA.

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[1] National Committee for Quality Assurance. HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans (2025), 540-546.

[2] This information is not intended as billing or legal guidance or for creating EMR extract files. These codes are proprietary and do not guarantee payment. Not all codes are included, and coding requirements may change. Each code should be used based on medical necessity and supported by proper documentation in the member record.

[3] CPT ® is a registered trademark of the American Medical Association (AMA).

[4] ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). Copyright WHO.

[5] LOINC codes are created and maintained by Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee.

[6] HCPCS codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).