



2020 Quality Measure Highlight

Cervical Cancer Screening (CCS)

MEASURE DESCRIPTION

The number of continuously enrolled Medi-Cal women 24 - 64 years of age as of December 31, 2020 (**Denominator**)

The percentage of members 21 - 64 years of age who were screened for cervical cancer - using either of the following criteria: (**Numerator**)

- **Criteria 1:** Member age **21 - 64** (as of December 31 of the measurement year) who had cervical cytology (Pap smear) performed within the last 3 years (e.g., screening in measurement year **2019, 2018, or 2017**).

For members who **do not meet** Criteria 1, see Criteria 2.

- **Criteria 2:** Member age **30 - 64** who had cervical high-risk human papillomavirus (hrHPV) testing or cervical cytology / hrHPV *co-testing performed within the last 5 years (e.g., screening during **2019** or the four years prior **2015 - 2018**) and who were 30 or older as of the date of testing.

Measure Type: Hybrid (medical record / claims / lab data)

Intent / Importance: To detect cervical cancer in its early stages. For members in the noted age ranges to be educated on the importance of having a Pap test (cervical cytology) every 3 - 5 years and for the providers to make the tests convenient and accessible.

Coding

Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175

HPV Test CPT: 87620, 87621, 87622, 87624, 87625

Diagnosis Codes: Q51.5, Z90.710, Z90.712

Please Note

- Due to COVID-19, the cervical cancer screening measure is not part of the revised 2020 PCP QIP measurement set. It will likely be part of the 2021 PCP QIP measurement set.
- Data on cervical cancer screening performance will continue to be available in eReports and the Partnership Quality Dashboard.
- If the provider is willing to attest and document permanently in the patient's chart a "complete," "total" or "radical" abdominal or vaginal hysterectomy date and the patient provides limited date information, please use the following for uploading the date into eReports:
a) Year - (01/01/YYYY) or (12/31/YYYY) b) Month and Year – (MM/01/YYYY) or (MM/30 or 31/YYYY) If the provider diagnosis is no residual cervix, cervical agenesis or acquired absence of cervix, please upload into eReports: Date of Diagnosis – (MM/DD/YYYY)
- For more information, please refer to the [PCP QIP webpage](#), or contact the QIP Team at QIP@partnershiphp.org.

Compliant Documentation

- 21 - 64 years of age.
 - Pap test with collection date and result (e.g., PCP provider documents Pap smear done on 3/15/17, Pap was normal, or lab results show cervical cytology collected on 3/15/17, final report on 3/17/17 normal, no atypical cells).
- Lab results indicate the sample contained "no endocervical cells" **and** a valid result is reported for the test (e.g., no dysplasia, no atypical cells) for members 30 - 64 years of age.
 - hrHPV test with collection date and result.
 - Pap test **and** HPV test with the same date of service (e.g., On 2/3/15 the order reads - PAP **with** or **and** HPV testing [*This is known as "Co-testing" the samples are collected and both tests are ordered, regardless of the cytology result on the same date of service]).
 - Reflex testing with collection date and result (e.g., When the HPV test was performed only after determining the cytology result – virus group number).

Non-Compliant Documentation

- Lab results that explicitly state the sample was inadequate or that "no cervical cells were present."
- Biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Exclusions

- Documentation of “complete,” “total,” or “radical,” abdominal or vaginal hysterectomy meet criteria for hysterectomy with no residual cervix.
- Cervical agenesis (born without a cervix). This includes transgender women.
- Documentation of hysterectomy and that the patient no longer needs Pap testing / cervical cancer screening.
- Documentation of “vaginal Pap smear” along with “history of hysterectomy.”
- Members in hospice and those with terminal illnesses.

Best and Promising Practices

- Use person-centered plain language and educational information to members in appropriate language.
- Send one week appointment reminder (e.g., post card / letter signed by the provider), text reminder (one day prior).
- Utilize “flag” alerts in the EMR / EHR system that each staff member can use to identify and communicate to patients / members who are due for their screening services at every member encounter.
- Conduct chart scrubbing prior to the visit to determine if screening / preventive services are due.
- Encourage, if due, patient to complete cervical cancer screening during current appointment.
- Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components were met and documented.
- Schedule future visits while the member / patient is waiting to be seen by the provider or before the member leaves the office.
- Actively pursue missed appointments with letters and reminder calls; designate a staff member to outreach.
- Document why the member is excluded (e.g., total abdominal or vaginal hysterectomy).
- Document results of most recent Pap screening and the date screening was performed.
- Establish standard practice to include hrHPV testing, with or without cytology, for patients 30 - 64 years of age.
- Submit claims and encounter data within 90 days of service.