# Cervical Cancer Screening (CCS-E)

## Why it Matters

Cervical cancer is highly preventable with regular screening and follow-up. Early detection through routine Pap tests and HPV testing significantly reduces the risk of invasive cervical cancer.

## Eligible Population

Members 21–64 years of age who were recommended for routine cervical cancer screening.

## Measure Description

Members 21–64 years of age who were screened for cervical cancer using any of the following criteria:

- **Age 24–64:** Cervical cytology within the last three years.*
- **Age 30–64:** High-risk HPV (hrHPV) testing within the last five years.**
- **Age 30–64:** Cervical cytology/hrHPV co-testing within the last five years.**

*Three-year look back requires member to be at least 21 years old on test date.*

***Five-year look back requires member to be at least 30 years old on test date.*

**Members who are recommended for routine cervical cancer screening:**

- **Administrative gender:** Female (administrative gender code female) any time in the member's history.
- **Sex assigned at birth** (LOINC code 76689-9) **female** (LOINC code LA3-6) any time in the member's history.
- **Sex parameter for clinical use of female** (Sex Parameter for Clinical Use code female-typical) during the measurement year.

## Key Tips

- ✓ All tests require a date of service and the result.
- ✓ Request results from other providers.
- ✓ Complete screening during OB/GYN, sick visits, pregnancy tests, UTI or STD screenings.
- ✓ Review and document surgical and preventive screening history.
- ✓ Use correct diagnosis and procedure codes.

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*Sunshine Health and Ambetter are affiliated products serving Medicaid and Health Insurance Marketplace members in the state of Florida, respectively. The information here is representative of our network of products. If you have any questions, please contact Provider Relations.*



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## What Do You Need to Do?

Submit claims (CPT, HCPCS codes, etc.) and encounter data in a timely manner, including applicable diagnosis codes.

## Notable Exclusions

- ✓ Exclusion for members who were assigned male at birth.
- ✓ Persons with a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.

## Additional Exclusion Criteria

- ✓ Persons with a date of death.
- ✓ Persons in hospice or using hospice services.
- ✓ Persons receiving palliative care.

## Acceptable Documentation

- A lab source of "vaginal" is acceptable for a cervical cytology screening, if the lab report indicates the sample was satisfactory for evaluation and endocervical component present.
- Lab results indicating the sample contained "no endocervical cells" if a valid result was reported for the test.
- Cervical cytology testing with date and result, or hrHPV testing with date and result indicating a screening was completed.
- Documentation in the progress note of an hrHPV test with results or findings and the date of service.
- Documentation of Pap/hrHPV cotest: Pap tests with the date of service, results AND documentation of an HPV test with results which has the same date of service as the Pap test.
- Documentation of "simple hysterectomy" is synonymous with "total hysterectomy" and would be acceptable documentation for exclusion.
- Documentation of "full hysterectomy" counts as evidence of a complete or total hysterectomy and would be acceptable documentation for the exclusion.
- Documentation of "vaginal hysterectomy" and "Laparoscopically Assisted Vaginal Hysterectomy" (LAVH) meet criteria for documentation of hysterectomy with no residual cervix and are acceptable for the exclusion.
- Member reported data if the information is collected as part of the member's history by the PCP or specialist who is providing primary care services related to the condition being assessed. This data must include the date and the result.

## Not Acceptable Documentation

- Documentation stating a member no longer needs a Pap test/cervical cancer screening is not acceptable when identifying exclusions.
- Lab results stating sample was inadequate or "no cervical cells present."
- Biopsies, as they are diagnostic and therapeutic only.
- Documentation with a result of "unknown," as it does not indicate the screening was completed.
- Cervical cancer screening specimens noted as vaginal source only.
- Medical record documentation that does not specify the date or the result (i.e., Pap "up to date").
- Documentation of hysterectomy alone.
- Partial hysterectomy.
- Supracervical hysterectomy; the uterus is removed, but the cervix is retained.
- Documentation of "transgender" alone, as there must be a notation specifying the type of transgender transition or supporting evidence the member has no cervix.
- Case management data that is not included in the member's legal health record.

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## Measure Codes

| Cervical Cytology Lab Test | High Risk HPV Lab Test |
|---|---|
| **CPT:** 88141-88143, 88147-88148, 88150, 88152, 88153, 88164-88167, 88174-88175<br>**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001<br>**LOINC:** 104866-9, 10524-7, 18500-9, 19762-4,19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 | **CPT:** 87624, 87625, 87626, 0502U<br>**HCPCS:** G0476<br>**LOINC:** 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, 104132-6, 104170-6, 104752-1, 104766-1, 104783-6 |

*References*

*National Committee for Quality Assurance. (2026). HEDIS MY 2026, Volume 2: Technical specifications for health plans (pp. 524–530). NCQA.*

*Krames Online. (n.d.). Cervical Cancer: Screening. Ambetter Health. ambetterhealth.kramesonline.com/Search/3,S,16279*