

PATIENT POPULATION: Members 21-64 years of age, all

NUMERATOR COMPLIANCE: Per HEDIS®, members 21-64 screened for cervical cancer using any of the age-appropriate options below:

SCREENING TYPE	AGE
Cervical cytology performed within the last 3 years	21-64 years of age
Cervical High-Risk Human Papillomavirus (hrHPV) testing; OR Cervical Cytology/High-Risk Human Papillomavirus (hrHPV) co-testing performed within the last 5 years	30-64 years of age

EXCLUSIONS

- » Member who died any time during the measurement year
- » Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time in history through Dec 31st of the measurement year.

DOCUMENTATION REQUIREMENTS

A note in the medical record indicating the date **and** result of cervical cancer screening

- » For **cervical cytology**, count any screening method that includes collection and microscopic analysis of cervical cells. Do not count lab results that explicitly state the sample was inadequate or that “no cervical cells were present”.
- » For **hrHPV tests**, generic documentation of “HPV” test can be counted

A note in the medical record indicating the date of the hysterectomy and the following:

- » Documentation of a “vaginal Pap smear” with documentation of “hysterectomy”
- » Patient attestation is acceptable as long as there is a date and results of the test or a date of the total hysterectomy and acceptable documentation of no residual cervix.
- » Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening.

COMMON DOCUMENTATION INSUFFICIENCIES

- » For hysterectomy exclusion, documentation must indicate that the cervix was removed; documentation of “hysterectomy” alone will NOT meet the intent of the exclusion.
- » Failed to include the words “Total”, “complete” or “radical” abdominal or vaginal hysterectomy.
- » Do not count biopsies as these are diagnostic and therapeutic in nature only.

BEST PRACTICES

- 1 Upload lab reports into your EMR and label clearly for easy identification.
- 2 Ensure workflows are in place to notify and remind providers of when a patient’s next screening is due and to discuss with patients in advance. Utilize ACN Provider Portal when chart prepping.
- 3 Make follow-up phone calls if patients have not completed their screening. Utilize care gap lists to identify non-compliant patients.
- 4 Educate patients on the risks of cervical cancer.
- 5 Our care coordination team can provide patients with individualized support. To refer a patient please contact us:

602-406-7226

CareCoordination@azcarenetwork.org

CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
88141 (CPT)	Cytopathology, cervical or vaginal
P3000 (HCPCS)	Screening Papanicolaou smear, cervical or vaginal
G0147 (HCPCS)	Screening cytopathology smears, cervical or vaginal
G0476 (HCPCS)	Infectious agent detection by nucleic acid
87624 (CPT)	Infectious agent detection by nucleic acid

¹ HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA)