Cervical Cancer Screening (CCS-E)

HEDIS measure overview

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Cervical cancer is the fourth leading cause of cancer-related deaths for women worldwide. According to the Centers for Disease Control and Prevention, when detected early, it is preventable, treatable and curable. Pap tests can find cervical precancer before it turns into cancer.[1]

Cervical Cancer Screening (CCS-E) is a HEDIS prevention and screening measure. The Centers for Medicare & Medicaid Services (CMS) and other healthcare entities leverage CCS-E as a performance measure used to evaluate care and services from physicians and other healthcare providers.

Who is included in the CCS-E measure

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

Service(s) needed for measure compliance

Any of the following will meet measure compliance:

- Cervical cytology such as a Pap test performed within the last three years and when the patient was at least 21 years of age
- High-risk human papillomavirus (hrHPV) testing performed within five years and when the patient was at least 30 years of age
- hrHPV testing or cotesting with cervical cytology performed within five years and when the patient was at least 30 years of age

Exclusions

- Patients in hospice, using hospice services or receiving palliative care
- Patients who died anytime during the measurement year
- Patients with absence of the cervix due to hysterectomy, cervical agenesis or acquired absence during the patient's history through Dec. 31 of the measurement year
- Patients with sex assigned at birth (LOINC 76689-9) of male (LOINC LA2-8) anytime in the patient's history

Measure best practices

Discuss the importance of preventive screenings with your patients and recommend that your female patients 21 years of age and older have cervical cancer screenings. For female patients 30 years of age and older, ensure they consider hrHPV testing.

If your practice does not offer these services, advise your patients to contact Humana to find an in-network gynecologist. If possible, assist patients with scheduling appointments for these specialists. Healthcare professionals should document in the medical record when the following screenings were performed, including the date of service and result or findings:

- Pap tests and other forms of cervical cytology
- Deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) testing for HPV

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- Due to the measurement look-back periods, physician practices may want to consider following U.S. Preventive Services Task Force recommendations and begin cervical cancer screenings at age 21, or sooner when risk factors such as family history exist.
- Help patients understand that preventive screenings can lead to early detection and more treatment options.
- Send reminders to patients regarding required testing, along with a suggestion to set an appointment.

Coding for cervical cancer screening

Code	Code type	Definition
Q51.5	ICD-10	Agenesis and aplasia of cervix
Z90.710	ICD-10	Acquired absence of both cervix and uterus
Z90.712	ICD-10	Acquired absence of cervix with remaining uterus
88141	CPT	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	CPT	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	CPT	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	CPT	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	CPT	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	CPT	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	CPT	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	CPT	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88164	CPT	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	CPT	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	CPT	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	CPT	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	CPT	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	CPT	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
G0123	HCPCS	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
G0124	HCPCS	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141	HCPCS	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician

G0143	HCPCS	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
G0144	HCPCS	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	HCPCS	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
G0147	HCPCS	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	HCPCS	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
P3000	HCPCS	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
P3001	HCPCS	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
87624, 87625	CPT	Infectious agent detection by nucleic acid (DNA or RNA) types 16 and 18 only, includes type 45, if performed
87626	CPT	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (e.g., 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)
G0476	HCPCS	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test
57530, 57531, 57540, 57545, 57550, 57555-56, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-94, 58548, 58550, 58552-54, 58570-73, 58575, 58951, 58953-54, 58956, 59135	CPT	Hysterectomy with no residual cervix

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

1. Prevent Cervical Cancer, Centers for Disease Control and Prevention

ICD-10-CM is the International Classification of Diseases, Tenth Revision, Clinical Modification developed by the World Health Organization and provided by CMS and the National Center for Health Statistics.
CPT® codes are the Current Procedural Terminology codes developed by the American Medical Association.
HCPCS is the Healthcare Common Procedure Coding System used by CMS.

Information regarding inclusion, compliance, and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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