

2023 MCAS MEASURE: CERVICAL CANCER SCREENING (CCS)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Cervical Cancer Screening (CCS)."

Measure Description: Measures women ages 21 to 64 during the measurement year who were screened for cervical cancer using either of the following criteria:

- ▶ Women ages 21 to 64 who had cervical cytology screening within the last three years.
- ▶ Women ages 30 to 64 who had a cervical high-risk human papillomavirus (hrHPV) test within the last five years.
- ▶ Women ages 30 to 64 who had a cervical cytology / high-risk human papillomavirus (hrHPV) co-testing within the last five years.

The medical record must include:

- ▶ The date of the cervical cytology and/or the date the hrHPV test was performed.
- AND**
- ▶ The result or finding.

Data Collection Method: Hybrid¹

CCS Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

Codes used to identify cervical cytology and high-risk human papillomavirus (hrHPV) tests and results.

Description	CPT	HCPCS	LOINC
Cervical Cytology Test	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
Cervical Cytology Results			
hrHPV Test	87624, 87625	G0476	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
hrHPV Results			

Exclusion Criteria – Women with any of the following conditions are excluded from the CCS measure:

- ▶ Women who received hospice care in 2022.
- ▶ Women who received palliative care in 2022.
- ▶ Women who had evidence of absence of cervix or hysterectomy with no residual cervix anytime during their medical history up to Dec. 31, 2022 (see table below).

Codes used to identify women excluded from the CCS measure due to absence of cervix or hysterectomy with no residual cervix.

Description	ICD-10-CM	ICD-10-PCS	ICD-9-CM*	ICD-9-PCS	CPT
Absence of Cervix	Q51.5, Z90.710, Z90.712		618.5, 752.43, V88.01, V88.03		
Hysterectomy with No Residual Cervix		OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ		68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8	51925, 56308, 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

* ICD-9 codes used for the retrospective claim review prior to the Oct. 1, 2015 implementation of ICD-10 codes.

Screenings That Do Not Meet the CCS Measure Specifications:

- ▶ Cervical cytology lab results that explicitly state the sample was inadequate or that “no cervical cells were present.”
- ▶ Biopsies.
- ▶ Cervical cytology / HPV Reflex Testing. For example, if the medical record indicates the HPV test was performed only after determining the cytology result, this is considered reflex testing and does not meet criteria for cervical cytology / HPV co-testing.

Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Designate a care team member to reach out to patients due for cervical cancer screening.
- ▶ Ensure screening is ordered when it is due, regardless of the reason for the visit.
- ▶ Empower your medical assistants and nurses with standing orders to screen and identify patients who are currently due or past due for their pap.
- ▶ Send targeted mailings, text messages or emails and follow-up telephone calls to chronically non-compliant patients.
- ▶ Display culturally-appropriate posters and brochures at an appropriate literacy level in patient areas to encourage patients to talk to providers about CCS.
- ▶ Cultural competency is not just limited to race, ethnicity and culture. Perceptions, values, beliefs and trust can also be influenced by factors such as religion, age, sexual orientation, gender identity and socioeconomic status.
- ▶ For patients who completed their cervical cancer screening at a different clinic, assess and document the date, location, and result of their last screening and have the physician sign the note. Also, have the patient sign a release of records.
- ▶ Create prompts in your EMR for screening that do not turn off until results are received, rather than when the test is ordered.
- ▶ Document the current care plan and routinely provide a copy to the patient.
- ▶ Promote GCHP’s Cervical Cancer Screening Member Incentive:
 - Members (21 to 64 years of age) are awarded a \$25 gift card from Target, Wal-Mart or Amazon for completing a cervical cancer screening within the measurement year. Members will need to mail or fax GCHP the completed form that includes a signature from their doctor and date of the exam. The member incentive form can be downloaded [here](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.