

**2026 Measurement Year**

**MCAS MEASURE: CERVICAL CANCER SCREENING (CCS-E)**

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 provides the key components to the MCAS measure, “*Cervical Cancer Screening (CCS-E)*.”

**Measure Description:** *This measures the percentage of members 21 to 64 years of age who were recommended for a routine cervical cancer screening during the measurement year 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:** ECDS<sup>1</sup>

**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	10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV Test	87624, 87625, 87626, 0502U	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, 104132-6, 104170-6, 104752-1, 104766-1, 104783-6, 106508-5, 106509-3

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

- ▶ Women who received hospice care in 2026.
- ▶ Women who received palliative care in 2026.
- ▶ Women who had evidence of absence of cervix or hysterectomy with no residual cervix anytime during their medical history up to Dec. 31, 2026 (see table below).
- ▶ Women who had evidence of cervical agenesis or acquired absence of cervix any time during their history through December 31, 2026.
- ▶ Members who die any time during the measurement year.
- ▶ Members with an assigned sex of male at birth.



**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	CPT
Absence of Cervix	Q51.5, Z90.710, Z90.712		
Hysterectomy with No Residual Cervix		OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	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

**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® Provider Enablement Quality Gaps Insights to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for cervical cancer screenings.
- ▶ 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.
- ▶ U.S. Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every three years with cervical cytology alone in women 21 to 29 years of age. This recommendation applies to all asymptomatic individuals with a cervix.
- ▶ 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 cervical cancer screenings.
- ▶ 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 can earn a \$50 gift card to Target, Wal-Mart or Amazon for completing a cervical cancer screening (Pap test) 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: 1-805-437-5961
  - Members, call: 1-888-301-1228 / TTY 711
  - GCHP Health Education Webpage (resources in English and Spanish): [Click Here](#)

<sup>1</sup> ECDS is a HEDIS® reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease / cases management systems) to report rates on ECDS designated measures.