



2014 HEDIS Criteria Cervical Cancer Screening

Q: Which members are included in the sample? How is someone considered compliant?

A: Women who are 21–64 years of age are included in the sample. Women who are 21-64 years of age who had a pap smear within the last 3 years or Women who are 30-64 years of age who had a pap smear with HPV co-testing within the last 5 years.

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include the DATE of the Pap and the RESULT
OR
B. Documentation of a complete, total or radical abdominal or vaginal hysterectomy

Q: What type of medical record is acceptable?

A: Acceptable documentation: (Completed in 2012, 2013, or 2014) or (2010, 2011, 2012, 2013, or 2014)

- Cytology report /Pap Smear (Lab) with the result of the cervical cancer screening
- Chronic Problem List with documentation of Pap smear date and result, or h/o hysterectomy
- Progress note or consultation - notation of date and result of Pap smear or documentation of a history of hysterectomy

Q: How to improve score for this HEDIS measure?

A: Some ideas for improving HEDIS scores for this measure are:

- IN-REACH Panel Management:
 - Train medical assistants or other support staff to prep the chart in advance of the visit.
 - Identify patients who are in for a sick visit and due for a Pap test, and schedule an appointment for the test.
 - Inform patients of the need for having a Pap test, even when presenting for an urgent care visit.
- STANDING ORDERS: train support staff to order Paps whenever they are due. (Standing orders for medical assistants are allowed by the State for diagnostics, as long as there is no triage or treatment component.)
- PROBLEM LISTS or TRACKING: have place in chart for easy identification of when the last Pap test was performed.
- OUT-REACH: calls and letters to patients, who are overdue for Pap testing, based on EHR reports.
- Escalation works: one best practice is to send a letter, then follow up with a phone call from non-clinical staff; if the patient doesn't make an appointment within a month or 6 weeks, then follow up with a call; if the patient still has not had a test, follow up with a call from the provider.
- PROBLEM LISTS or TRACKING: have a place in the chart for easy identification of when the last Pap test was performed.
- SFHP ASSISTANCE: SFHP can provide robo calls or personalized outreach letters.
- DOCUMENT CORRECTLY: Ensure proper documentation in the medical record. Hysterectomy documentation will assist in excluding the member from the HEDIS sample.
- TRAIN CODING STAFF: Use of correct diagnosis and procedure codes.

Q: What codes are used?

A: Codes used to identify Cervical Cancer Screening are:
CPT: 88141-88143, 8147, 88148, 88150, 8152-88154, 88164-8167, 88174, 88175, 87620-87622
HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
ICD-9-CM Procedure: 91.46
UBREV: 0923
LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 59420-0, 30167-1, 49896-4, 21440-3, 38372-9

B: Codes to identify **exclusions** for Cervical Cancer Screening (surgical codes for hysterectomy):
CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135
ICD-9-CM Procedure: 68.41-68.8
ICD-9-CM Diagnosis: 618.5, 752.43, V88.01, V88.03

*Note: HEDIS 2014 Criteria derived from the NCQA HEDIS 2014 Technical Specifications, Volume 2
 Adapted with permission from LA Care's HEDIS 2012 Guidelines <https://www.lacare.org/providers/resources/hedis>*