

Who is eligible?

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

Why does it matter?

Cervical cancer can be detected in its early stages by regular screening. Due to the success of cervical cancer screening in the U.S., dramatic decreases have been observed in both mortality and incidence of invasive cervical cancer. The current incidence rate is 6.9 cervical cancer cases per 100,000 women per year in the U.S., and the mortality rate associated with cervical cancer is 2.3 deaths per 100,000 per year. The National Cancer Institute (NCI) estimated that there were 13,240 new cervical cancer cases and 4,170 related deaths in 2018.¹

Measurement Description:

The percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Persons 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Best Practices:

- At every appointment, confirm screening eligibility, last screening date, and educate patients on the recommended cervical cancer screening guidelines for their age.
- Assess potential barriers to care and ensure members' awareness of available resources through Texas Children's Health Plan, such as [transportation assistance](#).
- Encourage compliance by informing members about Texas Children's Health Plan's incentives, including the [cervical cancer screening reward](#).
- Offer screenings during OB/GYN visits, urine pregnancy test visits, UTI visits, STD screening visits, annual wellness exams, or other appropriate appointments.
- Utilize EMR gap alerts and conduct outreach to patients who are overdue and have not scheduled a screening.
- When possible, review patient charts prior to appointments to verify last screening date and results.
- Consider participating in Health Information Exchanges (HIE), and, if using Epic, endorse the use of Care Everywhere to increase care coordination between providers.
- Utilize standing screening orders for eligible patients.
- Patients who had a hysterectomy may still need screening if the cervix was not removed. Screening should be performed according to the age-related guidelines.
- If the patient had a hysterectomy and the cervix was removed:
 - » Cervical cancer screening is recommended for 20 years after the surgery if there was a history of abnormal Pap smears with moderate to severe cervical changes.
 - » No further screening is recommended for hysterectomy patients where there is no history of abnormal Pap smears or abnormal cervical changes.
- The following patients may need more frequent screening if:
 - » Patients live with HIV.
 - » Patients have a history of medical conditions or medications that weaken the immune system.
 - » Patients were exposed to diethylstilbestrol (DES) before birth.

Cervical Cytology Lab Test:

CPT	HCPCS	LOINC
88141-88143, 88147-88148, 88150, 88152, 88153, 88164-88167, 88174-88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001	104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

HPV Tests:

CPT	HCPCS	LOINC
87624, 87625, 87626, 0502U	G0476	104132-6, 104170-6, 104752-1, 104766-1, 104783-6, 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

Exclusion Codes:

Absence of Cervix Diagnosis	
ICD-10	Q51.5, Z90.710, Z90.712
Hysterectomy with No Residual Cervix	
CPT	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135

¹ National Committee for Quality Assurance (n.d.). *Cervical Cancer Screening (CCS-E)*. NCQA. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/cervical-cancer-screening-ccs-e/>