HEDIS® MEASURE
Cervical Cancer Screening (CCS-E)

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Measure Overview

The NCQA HEDIS® Cervical Cancer Screening (CCS-E) measure evaluates members ages 21–64 who are recommended for routine cervical cancer screening. Current guidelines recommend:

- **Ages 21–64:** Cervical cytology performed within the last 3 years.
- **Ages 30–64:** Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- **Ages 21–64:** Cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Required Exclusions:

- Evidence of a hysterectomy with no residual cervix, with documentation of hysterectomy type(s), e.g., “complete,” “total,” “radical,” “abdominal,” or “vaginal”.
- Cervical agenesis or acquired absence of the cervix.
- Members with sex assigned at birth of male at any time during the member’s history.
- Members who died during the measurement year.
- Members who use palliative care services, hospice services, or elect to use a hospice benefit any time during the measurement year.

Increased Cervical Cancer Screening compliance contributes to improved member health outcomes and also may qualify for additional incentives through the PerformPlus® Gaps in Care Closure Program.

Ways to Report CCS-E Compliance

- NaviNet Provider Portal: Patient Documents Section under Workflows for this Plan sidebar.
- Electronic data Sharing/Transfer options
- EHR sharing
- Secure fax (833) 329-0394 or email: ExchangeQualityDepartment@amerihealthcaritas.com.

MY2025 Prospective HEDIS Season Reminder

Documentation from other external member care team providers may be submitted to report compliance. Compliant medical records can be submitted until January 8th, 2026, during the MY2025 Prospective HEDIS season.

Ways to identify CCS-E Non-Compliant Member Populations

- NaviNet Provider Portal: Report Inquiry Section under Workflows for this Plan sidebar.
- NaviNet Provider Portal: Individually per member through Eligibility and Benefits Inquiry.
- Contact your Account Executive or the Exchange Quality Department at ExchangeQualityDepartment@amerihealthcaritas.com.

Ways to Improve Measure Performance

- Utilize routine and follow-up visits as opportunities to discuss the importance of Cervical Cancer Screening for all CCS-E eligible members, including pre-menopausal and post-menopausal member populations.
- Use available reporting to identify overdue members and encourage scheduling through reminder calls, portal messages, or other member outreach.
- Clearly document appropriate exclusions and include detailed CCS-E screening test results. Submit through approved pathways.

Description of Criteria

Description	Criteria
Cervical Cytology (Pap)	**CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
High-Risk HPV Testing	**CPT:** 87624, 87625, 87626, 0502U **HCPCS:** G0476
Absence of Cervix Diagnosis	**ICD10CM:** 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, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135

Note: LOINC and SNOMED information can be captured through Electronic Clinical Data Systems (ECDS) feeds. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement.

Please contact your Account Executive or the Exchange Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record reporting.