

Measure Description:

- The percentage of women ages 21-64 who were screened for cervical cancer using cervical cytology (Pap) every 3 years (ages 21-64), high-risk HPV testing every 5 years (ages 30-64), or cytology/HPV co-testing every 5 years (ages 30-64).
- The measure promotes early detection of cervical cancer, using administrative or hybrid data.
- This measure is identical to the CMS Adult Core Set (CCS-AD) specification and the 2025 DOI Primary Care APM measure, with payment tied to the overall rate.
- Screening must use approved methods, with no age breakouts—payment based on the total rate for ages 21-64.
- Reportable via claims or EHR, with emphasis on documenting prior screenings for 5-year lookback.

Numerator:

- Women in the denominator who had appropriate screening: Pap in last 3 years (21-64), HPV in last 5 years (30-64), or co-test in last 5 years (30-64).
- Payment based on the total rate, ensuring compliance with USPSTF guidelines for cervical cancer prevention.
- Rate calculated as the percentage of screened women, with hybrid allowing chart review for undocumented screenings.

Denominator:

- All women ages 21-64 as of December 31, 2026, who were enrolled in Medicaid during the measurement year.
- Members must have continuous enrollment for the lookback period (3 or 5 years) to be included in the denominator.
- Excludes women with hysterectomy with no residual cervix or hospice care (see Exclusions section).

Services to Support Cervical Cancer Screening:

- Outpatient or preventive care visits, where Pap or HPV testing can be performed or referred.
- Community health centers or women's health clinics for screenings in underserved areas.
- Laboratory services for cytology or HPV testing processing.
- Telehealth consultations for screening education and follow-up on results.
- Pharmacy services for related counseling, though not direct for screening.

Best Practices:

- Recommend screening per USPSTF guidelines: Pap every 3 years for 21-29, HPV or co-test every 5 years for 30-65, integrating reminders into EHR for due dates.
- Use co-testing (Pap + HPV) for women 30-64 to extend intervals and improve detection accuracy.
- Educate patients on screening benefits and risks using the "Teach Back Method" to confirm understanding, such as asking them to repeat back why HPV testing is important.
- Document screening history and results in structured EHR fields to facilitate data capture and hybrid reporting, avoiding free-text notes.

- Partner with community programs for free or low-cost screenings, targeting high-risk groups like those with HPV history or delayed visits.
- Conduct outreach to patients due for screening via phone, text, or portal messages, offering flexible scheduling or telehealth for follow-up.
- Common miss: Incomplete hysterectomy (cervix remains)- always use CPT II 3016F in EHR to document non-applicable if excluded.
- Submit claims promptly with CPT codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in younger women).
- Collaborate with RAE quality teams for resources like free testing kits, training on guidelines, or incentives to improve equity in cervical screening access.

CY 2026 Payment Thresholds

| Level | Required Rate | Payout % | Description |
|-----------|---------------|----------|--|
| Basecamp | ≥47% | 33% | Entry-level target for basic compliance; focus on reminders to achieve this. |
| Tree Line | ≥50% | 67% | Mid-level target; emphasize outreach for overdue patients. |
| Summit | ≥52% | 100% | High-performance target; use EHR tools and partnerships to maximize rates. |

For the full list of codes, please see Appendix A on the following pages.

Cervical Cancer Screening



Appendix A

| Codes to Identify Cervical Cytology (PAP-CPT/HCPCS) | |
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| Code | Description |
| 88141 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| 88142 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision |
| 88143 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; with manual screening and computer-assisted rescreening under physician supervision |
| 88147 | Cytopathology slides, cervical or vaginal; screening by automated system under physician supervision |
| 88148 | Cytopathology slides, cervical or vaginal; screening by automated system with manual rescreening under physician supervision |
| 88150 | Cytopathology slides, cervical or vaginal; manual screening under physician supervision |
| 88152 | Cytopathology slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision |
| 88153 | Cytopathology slides, cervical or vaginal; with manual screening and rescreening under physician supervision |
| 88164 | Cytopathology slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision |
| 88165 | Cytopathology slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision |
| 88166 | Cytopathology slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision |
| 88167 | Cytopathology slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision |
| 88174 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| 88175 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision |
| G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination |
| G0123 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision |
| G0124 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician |
| G0141 | Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician |
| G0143 | Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision |

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| G0144 | Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision |
| G0145 | Screening cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision |
| G0147 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision |
| G0148 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening |
| P3000 | Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision |
| P3001 | Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician |
| Q0091 | Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory |

| Codes for High-Risk HPV Testing (CPT/HCPCS) | |
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| Code | Description |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) for cervical cancer screening |

| Codes for Exclusions (Hysterectomy with No Residual Cervix)(CPT/ICD-10 PCS) | |
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| Code | Description |
| 51925 | Closure of vesicouterine fistula; with hysterectomy |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) |
| 58152 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (e.g., Marshall-Marchetti-Krantz, Burch) |
| 58200 | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |
| 58210 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58240 | Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of |

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| | rectum and colon and perineum, or cervicectomy with removal of bladder and ureteral transplantations and/or abdominoperineal resection of rectum and colon and perineum |
| 58260 | Vaginal hysterectomy, for uterus 250 g or less |
| 58262 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) |
| 58263 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele |
| 58267 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58270 | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele |
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) |
| 58290 | Vaginal hysterectomy, for uterus greater than 250 g |
| 58291 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele |
| 58293 | Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58294 | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele |
| 58548 | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed |
| 58550 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less |
| 58552 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58553 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g |
| 58554 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58570 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less |
| 58571 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) |
| 58572 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g |
| 58573 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58951 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy |
| 58953 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking |
| 58954 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and/or limited para-aortic lymphadenectomy |

Cervical Cancer Screening



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| 58956 | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy |
| 59135 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy |

| Codes for Hospice Exclusions (UBREV) | |
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| Code | Description |
| 0651 | Hospice routine home care (per diem) |
| 0652 | Hospice continuous home care (per hour) |
| 0655 | Hospice inpatient respite care (per diem) |
| 0656 | Hospice general inpatient care (non-respite) (per diem) |
| 0657 | Hospice physician services |
| 0658 | Hospice room and board nursing facility (per diem) |
| 0659 | Hospice other (per diem) |