

**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/HCPSCS)	
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

# Cervical Cancer Screening



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/HCPSCS)	
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)	
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

	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



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)	
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)