Cervical Cancer Screening (CCS-E)
HEDIS Tip Sheet MY 2025

WellSense HEALTH PLAN

Measure definition	Plans(s)	Quality Program(s)	Collection and Reporting
The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 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. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.	Marketplace Medicaid	CMS Quality Rating System NCQA Accreditation Select Medicaid State Reporting	ECDS only

Changes to HEDIS MY2025

- Removed "Programming Guidance" from the Characteristics section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Best practices for quality of care

- Use EMR system alerts to flag that patients are due so screenings can be addressed during visits
- Educate patients on the importance of receiving cervical cancer screenings as a means of cancer detection and prevention
- Conduct outreach calls to patients who are due for cervical cancer screenings
- Implement standing orders for cervical cancer screening in primary care settings

Quality score improvement tips

- Ensure date and result of the test are documented in the medical record
- External lab or OBGYN records are acceptable, but be sure to obtain and document the results if they are not automatically brought into the medical record
- Ensure any exclusions (i.e. history of hysterectomy with no residual cervix) are documented appropriately in the medical record

Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.

- Members who die any time during the measurement period.
- Hysterectomy with no residual cervix any time during the member's history through December 31 of the measurement year.
- Cervical agenesis or acquired absence of cervix any time during the member's history through the end of the measurement period.
- Members receiving palliative care or had an encounter for palliative care any time during the measurement period.
- Members with Sex Assigned at Birth of Male at any time during the patient's history.

Numerator codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

CODE TYPE	CODES
Cervical Cytology Lab Test	
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, Q0091
High-Risk HPV Test	
CPT	87624, 87625, 87626
HCPCS	G0476

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org