MEASURE CCS-AD: CERVICAL CANCER SCREENING

National Committee for Quality Assurance

A. DESCRIPTION

Percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women ages 30 to 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years

Data Collection Method: Administrative, Hybrid, or EHR

Guidance for Reporting:

- This measure should include (1) all women ages 24 to 64 who have had cervical cytology during the measurement year or the two years prior to the measurement year, and (2) women ages 30 to 64 who have had cervical high-risk human papillomavirus (hrHPV) testing during the measurement year or the four years prior to the measurement year. Both criteria must be evaluated for numerator compliance; however, beneficiaries only need to meet one criterion to be included in the numerator for this measure.
- The eligible population (denominator) includes women who are ages 24 to 64 as of the end of the measurement year to account for the 3-year look-back period for assessing numerator criterion (i.e., the measure is looking back three years from age 24 for evidence of cervical cytology).
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.
- The electronic specification for FFY 2021 is located on the eCQI resource center at https://ecqi.healthit.gov/ecqm/ep/2020/cms124v8.

The following coding systems are used in this measure: CPT, HCPCS, ICD-9-CM, ICD-9-PCS, ICD-10-CM, ICD-10-PCS, LOINC, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. ELIGIBLE POPULATION

Age	Women ages 24 to 64 as of December 31 of the measurement year.
Continuous enrollment	The measurement year.

Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	None.
Required exclusion	Beneficiaries receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

C. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population as defined above.

Numerator

The number of women who were screened for cervical cancer. Either of the following meet criteria:

- Women ages 24 to 64 as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years prior to the measurement year
- Women ages 30 to 64 as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set; High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of the test

  Note: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore, additional methods to identify cotesting are not necessary.

Exclusion (optional)

Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix (Absence of Cervix Diagnosis Value Set; Hysterectomy With No Residual Cervix Value Set) any time during the beneficiary's history through December 31 of the measurement year.

D. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Adult Core Set for additional information.

Numerator

The number of women who were appropriately screened for cervical cancer as documented through either administrative data or medical record review.

Administrative Data

Refer to the Administrative Specification to identify positive numerator hits from the administrative data.

Medical Record Review

Appropriate screenings are defined by any of the following:

- Women ages 24 to 64 as of December 31 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year.
  - Documentation in the medical record must include both of the following:
    - A note indicating the date when the cervical cytology was performed
    - The result or finding
  - Count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present"; this is not considered appropriate screening.
  - Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

  Note: Lab results that indicate the sample contained "no endocervical cells" may be used if a valid result was reported for the test.
- Women ages 30 to 64 as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing during the measurement year or the four years prior to the measurement year and who were 30 years or older as of the date of testing.
  - Documentation in the medical record must include both of the following:
    - A note indicating the date when the hrHPV test was performed. Generic documentation of "HPV test" can be counted as evidence of hrHPV test
    - The results or findings
  - Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

  Note: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.

Exclusion (optional)

Refer to the Administrative Specification for exclusion criteria. Evidence of a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the beneficiary's history through December 31 of the measurement year. The following examples meet criteria for documentation of hysterectomy with no residual cervix.

- Documentation of "complete," "total," or "radical" hysterectomy (abdominal, vaginal, or unspecified)
- Documentation of "vaginal hysterectomy"
- Documentation of a "vaginal pap smear" in conjunction with documentation of "hysterectomy"

- Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening
  - Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed