

Cervical Cancer Screen

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MEASURE DESCRIPTION:

Cervical Cancer Screen indicates whether a women, aged 24 to 64 years, had a Pap test done during the measurement year or the 2 years prior. This excludes women who had a previous hysterectomy with no residual cervix.

This measure is based on the HEDIS measure *Cervical Cancer Screening* (CCS).

PROPRIETARY STATUS:

This measure is owned by NCQA [NQF-Endorsed™].

CRITERIA REVISION:

This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.

CRITERIA REVIEW DATE: 04/01/2013

MEASURE TYPE:

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 36

MEASURE DETAILS:

DENOMINATOR:

Identifies women aged 24 to 64 years. Because this measure looks back 36 months for a Pap test, the eligible population includes women who could have been 21 years of age at the time of the test. This excludes women who had a hysterectomy with no residual cervix.

Age in years (as of the end of the measurement year) and Gender	Age in Years = 24-64 And Gender Code = F
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EXCLUSIONS:

Excludes from the eligible population those women who had a previous hysterectomy with no residual cervix (based on claims included in the database). Note: NCQA specifies that the Pap test exclusion criteria should only be applied if a woman has not had a Pap test performed. The initial check for a Pap test in this excluded population has not been implemented.

Hysterectomy with no residual cervix (anytime prior to or during the measurement year)	(CPT Procedure Code = 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 Or ICD-9 Procedure Code = 68.4-68.8
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	Or ICD-9 Diagnosis Code = 618.5, 752.43, V67.01, V76.47, V88.01, V88.03)
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NUMERATOR:

Identifies women, aged 24 to 64 years, who had a Pap test done during the measurement year or the 2 years prior.

At least one Pap test (during the measurement year or the 2 years prior)	CPT Procedure Code = 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175 Or HCPCS Procedure Code = G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Or ICD-9 Procedure Code = 91.46 Or Revenue Code UB = 0923
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CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage during the measurement year and the 2 years prior to the measurement year, which equates to 36 months out of 36 months.

MEASURE BACKGROUND:

The introduction of the Papanicolaou (Pap) smear in the 1940s resulted in the first attempts to detect early cancer, and has resulted in a marked decrease in cervical cancer incidence and deaths from the disease. In 2011, there were estimated to be 12,700 new cases of invasive cervical cancer with an expected 4,200 deaths, representing about 1.5 percent of cancer deaths in women. Cervical cancer is the third most common cancer among women worldwide, with most cases occurring in developing countries. Both conventional Pap smears and thin layer or liquid-based samples are effective screening methods. Cases of invasive cervical cancer generally represent failure to perform appropriate screening, as more than half of women who develop cervical cancer either have sporadic or no prior screening.

While infection with specific high-risk strains of human papillomavirus (HPV) is central to the pathogenesis of cervical cancer, most HPV-infected women will not develop significant cervical abnormalities. Most women, especially younger women, clear the infection and cervical changes within 24 months. In some instances, however, intraepithelial lesions develop. Risk factors for HPV infection include early onset of intercourse and multiple sexual partners, but prevalence is significant even with a single partner. Cigarette smoking and immunosuppression increase the risk of cervical cancer. The introduction of a vaccine against HPV may further decrease the incidence of cervical cancer but does not protect against about 30 percent of cervical cancer caused by HPV. The full impact of the vaccine will not be seen for many years. Current guidelines indicate that women who have been vaccinated are screened in the same way as other women.

Current guidelines strongly recommend screening for cervical cancer. Although there are some differences among the guidelines regarding age to initiate screening and frequency, all current recommendations agree to screening every 1 to 3 years for women over age 21 years. The American College of Obstetricians and Gynecologists guidelines indicate that screening before age 21 should be avoided due to very low cancer risk, and may be discontinued between 65 and 70 years of age in women with previously negative cytology tests. Most women do not need screening after a hysterectomy for benign disease if the cervix was removed.

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