

Client	HEALTH BENCHMARKS, INC. STANDARD ALGORITHM <i>Implemented for Blue Cross Blue Shield of Texas</i>		
Measure Title	CERVICAL CANCER SCREENING		
Disease State	Cervical Cancer	Indicator Classification	Screening
Strength of Recommendation	A		
Organizations Providing Recommendation	American Academy of Family Physicians American Academy of Pediatrics American Cancer Society American College of Obstetricians and Gynecologists American College of Preventive Medicine American Medical Association Canadian Task Force on Preventive Health Care US Preventive Services Task Force		
Clinical Intent	To ensure that all women ages 21-64 receive a cervical cancer screening test during the measurement year or the 2 years prior.		
Physician Specialties	Family Practice, Internal Medicine, Obstetrics-Gynecology		
Background	<p>Disease Burden</p> <ul style="list-style-type: none"> In the United States, an estimated 9,710 new cases of invasive cervical cancer are diagnosed annually, and there are 3,700 deaths from the disease; this represents 1.3 percent of cancer deaths in women.[1] All sexually active women are at risk of cervical cancer, however, the disease is more prevalent in women who have had multiple sexual partners, women who became sexually active at an early age, and women who smoke.[2-5] <p>Reason for Indicated Intervention or Treatment</p> <ul style="list-style-type: none"> The United States Preventive Services Task Force (USPSTF) found that screening with cervical cytology (Pap smears) reduces mortality from cervical cancer.[6] <p>Evidence Supporting Intervention or Treatment</p> <ul style="list-style-type: none"> Epidemiological studies from the United States, Europe, and Canada have detected a dramatic reduction in invasive cervical cancer disease and a 20-60% reduction in cervical cancer mortality after the implementation of universal screening for cervical cancer with Pap smears.[7-14] Case control studies have also shown that screening is protective by 		

demonstrating a strong negative association between screening and invasive disease.[15-19]

- Screening programs introduced to populations naïve to screening have been shown to reduce cervical cancer rates by 60 to 90 percent within three years of implementation.[20, 21]
- No randomized, controlled trials of screening with Pap smears have been conducted.

**Clinical
Recommendations**

- The USPSTF “strongly recommends” cervical cancer screening in all women who are sexually active and who have a cervix at least every 3 years.[6]
- The USPSTF recommends against routine screening of women aged 65 and older if they have had “adequate recent screening” and are not at high risk of the disease.[6]
- The USPSTF concluded that the evidence is insufficient to recommend for or against the routine use of technologies other than the conventional Pap smear.[6]
- The American Cancer Society (ACS) recommends that women be screened for cervical cancer beginning 3 years after the onset of sexual activity but not later than age 21. Screening should be performed either annually with Pap smears or every 2 years if liquid based cytology is used, until age 29. Based on past screening results and risk factors, the screening interval may be extended to 2-3 years for women 30 years or older. For women with pap smear and human papillomavirus (HPV) testing cervical cancer screening can be conducted every 3 years if the HPV result is negative. ACS found that it is reasonable to stop screening women 70 years and older with 3 recent consecutive negative tests and no abnormal test in prior 10 years.[22]
- Other organizations which recommend screening starting at age 18 or with the onset of sexual activity include: American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Preventive Medicine (ACPM), American Medical Association (AMA), the Canadian Task Force on Preventive Health Care (CTFPHC), and the American Academy of Pediatrics (AAP), among others.[23-27]

Source Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification

Denominator Definition Continuously enrolled women ages 24-64 years by the end of measurement year.

Denominator Codes N/A

Denominator Exclusion Definition Women who had a hysterectomy with no residual cervix at any time in the member's history through the end of the measurement year.

Denominator Exclusion Codes Hysterectomy with no residual cervix
CPT-4 code(s): 51925, 56308, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550-58554, 58951, 58953, 58954, 58956, 59135
ICD-9 surgical proc code(s): 68.4x-68.8x
ICD-9 diagnosis code(s): 618.5x, V67.01, V76.47

Numerator Definition Members who had at least 1 cervical cancer screening test during the measurement year or within the 2 years prior to the measurement year.

Numerator Codes Pap smear
CPT-4 code(s): 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175
HCPCS code(s): G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
ICD-9 diagnosis code(s): V72.32, V76.2x
ICD-9 surgical proc code(s): 91.46
UB revenue code(s): 0923
LOINC code(s): 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7 (if available)

Physician Attribution Description **If client data does not contain PCP:**
Score all physicians (in the selected specialties) who saw the member during the measurement year.

If client data does contain PCP:

Score all primary care physicians who were assigned to the member during the measurement year.

References

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