

Cervical Cancer Screening (CCS)



When should I provide cervical cancer screenings?

The American Cancer Society recommends that women follow these guidelines to help find cervical cancer early. Appropriate screening may include cervical cytology, also known as a Pap test, or cervical high-risk human papillomavirus (hrHPV) testing.

United States Preventive Services Task Force (USPSTF) Cervical Cancer Screening Recommendations for Average-Risk Women*

Population	Recommendation
Women ages <21 years	No screening
Women ages 21-29 years	Cervical cytology alone every three years
Women ages 30-65 years	Cervical cytology alone every three years OR hrHPV testing alone every five years OR co-testing (hrHPV testing and cervical cytology) every five years

* These recommendations apply to women with a cervix who do not have any signs or symptoms of cervical cancer, regardless of their sexual history or human papillomavirus vaccination status. These recommendations do not apply to women who are at high risk of the disease.

Meridian-contracted Primary Care Providers (PCPs) providing these screenings may be eligible for one incentive for each screening per eligible member per year.

Incentive Amount**	Medicaid: \$15	Marketplace: \$25
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Cervical Cancer Screening	CPT*	HCPCS*
Cervical Cytology	88141-88143, 88147, 88148, 88164-88167, 88174, 88175	Q0091
hrHPV	87624, 87625	G0476

How can I help my patients complete their cervical cancer screening?

Please remember that preventive health services should be provided whenever a patient is in your office.

Best Practices:

- Inform the patient she is due for a cervical cancer screening when scheduling appointments. Provide appointment reminders when patients are due
- Have all testing supplies prepped and ready prior to starting examination
- Encourage conversations to ease fear of cervical cancer screening, such as pain
- Have additional staff available to be in the room with patients who may feel uncomfortable about the examination

How do I report patients who do not need cervical cancer screening?

If your patient has had a total hysterectomy with no residual cervix, please send medical record documentation to Meridian. Exclusion forms are in "Documents & Forms" located under "Provider Resources" at: www.mhplan.com/mi/providers (medical record documentation must be included with attestation form).

Total Hysterectomy*
ICD-10
Z90.710

Source: U.S. Preventive Services Task Force

*Codes listed are specific to the subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.

**Incentive program terms are subject to change at Meridian's discretion. Meridian will notify providers of any changes or incentive program alterations.

