


Cervical Cancer Screening (CCS-E)

New for 2026

- No applicable changes for this measure



Yes!
Supplemental
data accepted

Definition

Percentage of members ages 21-64 who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members recommended for routine cervical cancer screening ages 21-64 who had Cervical cytology performed in the measurement year or 2 years prior
- Members recommended for routine cervical cancer screening ages 30-64 who had Cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The member must have been at least age 30 on the date of the test.
- Members recommended for routine cervical cancer screening ages 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Health Plan Ratings 	<ul style="list-style-type: none"> • Electronic Clinical Data Systems (ECDS) reporting

Cervical Cancer Screening (CCS-E) (cont.)

Codes

Cervical cytology	
CPT®/CPT II	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
LOINC	10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 104866-9
SNOMED	1155766001, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 62051000119105, 62061000119107, 700399008, 700400001, 98791000119102
High-risk HPV test	
CPT®/CPT II	87624, 87625, 87626, 0502U
HCPCS	G0476
LOINC	104132-6, 77379-6, 82354-2, 77399-4, 59263-4, 82456-5, 82675-0, 59420-0, 30167-1, 21440-3, 77400-0, 59264-2, 75694-0, 95539-3, 71431-1, 104170-6, 38372-9, 69002-4, 104752-1, 104766-1, 104783-6
SNOMED	35904009, 448651000124104, 718591004

Cervical Cancer Screening (CCS-E)(cont.)

Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	Any time during the measurement year
Members with sex assigned at birth (LOINC code 76689-9) of male (LOINC code LA2-8)	Any time in a member's history through Dec. 31 of the measurement year
Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix. Exclusion codes listed below.	Any time in a member's history through Dec. 31 of the measurement year
ICD-10-CM/ ICD10PCS	Q51.5, Z90.710, Z90.712, OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ
CPT®/CPT II	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135
SNOMED	10738891000119107, 116140006, 116142003, 116143008, 116144002, 1163275000, 1287897002, 176697007, 236888001, 236891001, 24293001, 248911005, 27950001, 287924009, 307771009, 31545000, 35955002, 361222003, 361223008, 37687000, 387626007, 414575003, 41566006, 428078001, 429290001, 429763009, 440383008, 446446002, 446679008, 46226009, 473171009, 59750000, 608805000, 608806004, 608807008, 708877008, 708878003, 723171001, 739671004, 739672006, 739673001, 739674007, 740514001, 740515000, 767610009, 767611008, 767612001, 82418001, 86477000, 88144003

Cervical Cancer Screening (CCS-E)(cont.)



Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
Measurement year or 2 years prior	<ul style="list-style-type: none"> • Cervical cytology for members ages 21-64 • High-risk HPV test (hrHPV) for members ages 30-64 	<ul style="list-style-type: none"> • Medical record must include date and result or findings • Consultation reports • Diagnostic reports • Health history and physical • Lab reports
Measurement year or 4 years prior – test must be performed when the member is age 30 or older		

Tips and best practices to help close this care opportunity

- Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting
 - Documentation of “HPV Test” can be counted as evidence of hrHPV Test, as long as the result is documented
- As an administrative measure, it's important to submit the appropriate ICD-10 diagnosis code that reflects a member's history of “Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix”
 - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim
 - If a member isn't new to the care provider but the member's chart has a documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim
- Documentation of a “hysterectomy” alone will **not** meet the intent of the exclusion
 - The documentation must include the words “total,” “complete” or “radical” abdominal or vaginal hysterectomy
 - Documentation of a “vaginal Pap smear” with documentation of “hysterectomy”
 - Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Member reported information documented in the patient's medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient's chart by a care provider.
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening
- Test results from self-collected samples processed by a laboratory or provider's office may be used for reporting

Cervical Cancer Screening (CCS-E)(cont.)

- Lab results for cervical cancer screening or procedure codes for hysterectomy can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Assess and address member barriers to regular cervical cancer screening (e.g., access to care, transportation, cost, fear/anxiety)
- Educate members on the importance of early detection and encourage routine screening
- Create care gap alerts in your electronic medical record and proactively outreach to members who are not scheduled (scheduling calls, emails, time for screening postcards, etc.)

Childhood Immunization Status (CIS-E)

New for 2026

- No applicable changes for this measure



Yes!
Supplemental
Data Accepted

Definition

Percentage of children age 2 who had 4 doses of diphtheria, tetanus and a cellular pertussis (DTaP) vaccine; 1 hepatitis A (Hep A) vaccine; 3 doses of hepatitis B (Hep B) vaccine; 3 doses of haemophilus influenza type B (HiB) vaccine; 2 doses of influenza (flu) vaccine; 3 doses of polio (IPV) vaccine; 1 measles, mumps and rubella (MMR) vaccine; 4 doses of pneumococcal conjugate (PCV) vaccine; 2 or 3 doses of rotavirus (RV) vaccine; and 1 chicken pox (VZV) vaccine on or before their second birthday.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System (Combination 10) • NCQA Health Plan Ratings (Combination 10) 	<ul style="list-style-type: none"> • Electronic Clinical Data Systems (ECDS) reporting

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

DTaP vaccine

Number of doses: 4

Special circumstances

- Do not count dose administered from birth through 42 days
- If applicable, anaphylaxis or encephalitis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using hybrid specifications

CPT®/CPT II	90697, 90698, 90700, 90723
CVX codes	20, 50, 106, 107, 110, 120, 146, 198

Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine

SNOMED	428281000124107, 428291000124105
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Childhood Immunization Status (CIS-E) (cont.)

Encephalitis due to the diphtheria, tetanus or pertussis vaccine

SNOMED	192710009, 192711008, 192712001
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Hep A vaccine or history of hepatitis A illness

Number of doses: 1

Special circumstances

- Must be administered on or between a child's first and second birthdays
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using hybrid specifications

CPT®/CPT II	90633
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CVX codes	31, 83, 85
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History of Hepatitis A

ICD-10 Diagnosis	B15.0, B15.9
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SNOMED	16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 165997004, 206373002, 278971009, 424758008 428030001, 105801000119103
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Anaphylaxis due to the hepatitis A vaccine

SNOMED	471311000124103
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Hep B vaccine, history of hepatitis B illness

Number of doses: 3

Special circumstances

- One of the 3 can be the newborn hepatitis B vaccine given at hospital on date of birth or 7 days after (see code below)
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using hybrid specifications

CPT®/CPT II	90697, 90723, 90740, 90744, 90747, 90748
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CVX codes	08, 44, 45, 51, 110, 146, 198
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HCPCS	G0010
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Childhood Immunization Status (CIS-E) (cont.)

Newborn Hep B

Number of doses: 1 of 3 eligible

ICD-10 Procedure | 3E0234Z

History of hepatitis B

ICD-10 Diagnosis | B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11

SNOMED | 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 429721005, 442134007, 442374005, 446698005, 838380002, 1230342001, 59851000119103, 153091000119109, 551621000124109, 16859701000119109

Anaphylaxis due to the hepatitis B vaccine

SNOMED | 1428321000124101

HiB vaccine

Number of doses: 3

Special circumstances

- Do not count dose administered from birth through 42 days
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using hybrid specifications

CPT®/CPT II | 90644, 90647, 90648, 90697, 90698, 90748

CVX codes | 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198

Anaphylaxis due to the haemophilus B vaccine

SNOMED | 433621000124101

Influenza vaccine

Number of doses: 2

Special circumstances

- Do not count dose administered prior to 180 days after birth
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using the hybrid specifications

CPT®/CPT II | 90655, 90657, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756, 90656, 90658

CVX codes | 88, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320

Childhood Immunization Status (CIS-E) (cont.)

Anaphylaxis due to the influenza vaccine on or before the child's second birthday

SNOMED	471361000124100
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Live attenuated influenza virus

Number of doses: 1

Special circumstances

- Must be administered on the second birthday
- Only 1 of the 2 required vaccinations can be LAIV

CPT®/CPT II	90660, 90672
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CVX codes	111, 149
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IPV vaccine

Number of doses: 3

Special circumstances

- Do not count dose administered from birth through 42 days
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using the hybrid specifications

CPT®/CPT II	90697, 90698, 90713, 90723
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CVX codes	10, 89, 110, 120, 146
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Anaphylaxis due to the inactivated polio vaccine

SNOMED	471321000124106
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MMR vaccine or history of measles, mumps or rubella

Number of doses: 1

Special circumstances

- Must be administered on or between a child's first and second birthdays
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using the hybrid specifications

CPT®/CPT II	90707, 90710
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CVX codes	03, 94
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Childhood Immunization Status (CIS-E) (cont.)

Anaphylaxis due to the measles, mumps and rubella vaccine on or before the child's second birthday

SNOMED	471331000124109
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History of measles

ICD-10 Diagnosis	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
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SNOMED	14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101
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History of mumps

ICD-10 Diagnosis	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
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SNOMED	10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107
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History of rubella

ICD-10 Diagnosis	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
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SNOMED	10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 128191000, 161421005, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 1092361000119109, 10759761000119100
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PCV Vaccine

Number of doses: 4

Special Circumstances

- Do not count dose administered from birth through 42 days.
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using the hybrid specifications.

CPT®/CPT II	90670, 90671, 90677
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CVX codes	109, 133, 152, 215, 216
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HCPCS	G0009
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Anaphylaxis due to the pneumococcal conjugate vaccine

SNOMED	471141000124102
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Childhood Immunization Status (CIS-E) (cont.)

Rotavirus vaccine

Number of doses: 2 or 3 (depending on vaccine manufacturer)

Special circumstances

- Do not count dose administered from birth through 42 days
- Can combine at least 1 dose of the 2-dose vaccine and at least 2 doses of the 3-dose vaccine
- If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator using the hybrid specifications

CPT®/CPT II	Rotavirus 2 dose: 90681, Rotavirus 3 dose: 90680
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CVX codes	Rotavirus 2 dose: 119, Rotavirus 3 dose: 116, 122
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Anaphylaxis due to the rotavirus vaccine

SNOMED	428331000124103
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VZV vaccine or history of varicella zoster

Number of doses: 1

Special circumstances

- Must be administered on or between a child's first and second birthdays

CPT®/CPT II	90710, 90716
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CVX codes	21, 94
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Anaphylaxis due to the varicella vaccine on or before the child's second birthday

SNOMED	471341000124104
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History of Varicella Zoster

ICD-10 Diagnosis	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
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Childhood Immunization Status (CIS-E) (cont.)

History of varicella zoster

SNOMED

4740000, 10698009, 21954000, 23737006, 24059009, 31920006, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 838357005, 1163465001, 1163483009, 1179456002, 12551000132107, 12561000132105, 12571000132104, 98541000119101, 331071000119101, 681221000119108, 1087131000119100, 15678761000119100, 15678801000119100, 15678841000119100, 15680201000119100, 15680241000119100, 15681321000119100, 15681401000119100, 15685081000119100, 15685121000119100, 15685161000119100, 15936581000119100, 15936621000119100, 15989271000119100, 15989311000119100, 15989351000119100, 15991711000119100, 15991751000119100, 15991791000119100, 15992351000119100, 16000751000119100, 16000791000119100, 16000831000119100

Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members who died 	Any time during the measurement year
<ul style="list-style-type: none"> Members who have had a contraindication to a childhood vaccine Members who have had organ and bone marrow transplants 	Any time on or before a member's second birthday

Childhood Immunization Status (CIS-E) (cont.)



Important notes

Medical record detail including, but not limited to

A member's medical record must include:

- A note with the name of the specific antigen and the date the vaccine was administered
- An immunization record from an authorized health care provider or agency - for example, a registry - including the name of the specific antigen and the date the vaccine was administered

Documentation that a member is up-to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance.

Documentation of physician orders, CPT codes or billing charges will **not** meet compliance.

For Hep A, Hep B, MMR or VZV, documented history of the illness counts as numerator compliance events - but they must occur on or before a child's second birthday.

For all 10 antigens documented history of anaphylaxis due to the vaccine counts as numerator compliance.

Documentation that a vaccine was given at birth or in the hospital will count as numerator compliance for any vaccines that don't have minimum age specifications.

- History and physical
- Immunization record
- Lab results
- Problem list with illnesses dated
- Progress notes

Childhood Immunization Status (CIS-E) (cont.)

Additional measure resources

<ul style="list-style-type: none"> Immunizations Best Practice Course 	Use the quick provider web-based training to learn more about best practices for immunizations for all ages.
<ul style="list-style-type: none"> CDC Vaccines & Immunizations 	Find the most up-to-date immunization schedules and catch-up recommendations.
<ul style="list-style-type: none"> Low cost/Free Vaccination Opportunities 	Discuss low-cost/free vaccination opportunities if cost is a concern.
<ul style="list-style-type: none"> Immunization Action Coalition 	A resource dedicated to empowering health care professionals through accessible educational resources and championing the removal of systemic barriers to ensure equitable access to vaccination for all populations.
<ul style="list-style-type: none"> Child Health and Well Visits 	UnitedHealthcare's Children's Health page offers insights into developmental milestones, preventive care checklists, vaccination schedules and tips for preparing for well-child visits.
<ul style="list-style-type: none"> Facilitate Return for Vaccination 	The CDC's IQIP strategy for facilitating return visits for vaccination emphasizes scheduling the next immunization appointment before the patient leaves the clinic, ideally during the exam or at checkout.
<ul style="list-style-type: none"> Coding for Pediatric Preventive Care 2025 	This initiative provides clinicians with tools and guidance to accurately document and bill for well-child visits and other preventive services.
<ul style="list-style-type: none"> Bright Futures 	This essential resource from the American Academy of Pediatrics provides comprehensive, evidence-informed recommendations for pediatric health supervision from birth through age 21.