



Quality Compliance Form

Fax: (716) 887-7967

Cervical Cancer Screening (CCS)	
Provider Information	
Provider Name	
Address	
Specialty	
NPI	
Tax ID	
Contact Name	
Contact Phone	
Patient Information	
Patient Name	
DOB	
BlueCross BlueShield Insurance	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
ID	
Measure/Description	<p>This measure targets women 21-64 years of age who were screened for cervical cancer.</p>
Required Documents	<ul style="list-style-type: none"> Women age 24-64 who had cervical cytology/pap test with results, performed any time in the calendar years 2018, 2019, or 2020, OR Women age 34-64 who had a cervical cytology/ human papillomavirus (HPV) co-testing with the results, performed any time in the calendar years 2016-2020. <p>Exclusion:</p> <ul style="list-style-type: none"> Documentation of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through 12/31/2020.
Comments	