TRIARQ HEALTH | Quick Guide

Cervical Cancer Screening (CMS124)

The following is for educational purposed only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11

Measure Details

Description *

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed within the last 3 years
- Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

Initial Population

Women ~~23~~ 24-64 years of age by the end of the measurement period with a visit during the measurement period

Denominator

Equals Initial Population

Numerator

Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

- Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test
- Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test

Denominator Exclusion

- Women who had a hysterectomy with no residual cervix or a congenital absence of cervix
- Exclude patients who are in hospice care for any part of the measurement period
- Exclude patients receiving palliative care ~~during~~ for any part of the measurement period

Numerator Exclusion

NA

Overview

What is Documented	When is it Documented	Where in QMER
Qualifying Encounter	During Measurement Period (2023)	Coded SOAP Note
Cervical Cytology (PAP) Females 21-64	During 2023 or 2 years prior	History or Order & Results
Cervical HPV Testing Females 30-64	During 2023 or 4 years prior	Orders & Results Module

Exclusions/Exceptions	Where in QEMR
Women who had a hysterectomy with no residual cervix or a congenital absence of cervix	History Module
Patients who are in hospice care for any part of the measurement period	History Module
Patients receiving palliative care for any part of the measurement period	History Module

2022 to 2023 Changes
Initial population age range changed from 23 – 64 to 24 – 64

Set Up

All codification shown is an example for incrementation, for a full list of accepted codes please visit Value Set Authority Center.

Qualifying Encounter

No set up required

Building History Items (Last PAP, Hysterectomy, Hospice and Palliative Care)

Build the history items below:

1. Log into **QEMR** > Navigate to **Edit** > **History**
2. Highlight ***desired* History Category** list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button

Update History

Save&Cls Close

* History Category : Health Maintenance Screening
* Item Description : Last Pap
Comments :
History Type : Procedure
SNOMED :
ICD9/10 :
CPT :
LOINC Code : 10524-7 : Microscopic observation [Identifie
Refusal\Reason Code :

Update History

Save&Cls Close

* History Category : Surgical History
* Item Description : Hysterectomy
Comments :
History Type : Procedure
SNOMED : 116140006-Total hysterectomy
ICD9/10 :
CPT :
LOINC Code :
Refusal\Reason Code :

Update History

Save&Cls Close

* History Category : Health Maintenance Screening
* Item Description : Hospice Care
Comments :
History Type : Procedure
SNOMED : 305336008-Admission to hospice
ICD9/10 :
CPT :
LOINC Code :
Refusal\Reason Code :

Add History

Save&Cls Close

* History Category : Health Maintenance Screening
* Item Description : Palliative Care
Comments :
History Type : Procedure
SNOMED : 103735009-Palliative care
ICD9/10 :
CPT :
LOINC Code :
Refusal\Reason Code :

Build Internal Order & Results for PAP w/ HPV Testing

If the test is ordered via Lab Interface, the resulting lab should be sending LOINC in the HL7 message. If resulted internally (in office lab test), build the appropriate result profile in **Edit > Orders & Results**, adding appropriate LOINC (from lab test kit).

1. Log into **QEMR** > Navigate to **Edit** > **Order & Results Setup > New** hot button
2. Complete the Test Master screen as shown below using appropriate LOINC
3. Click **Save & Close**

When searching for the LOINC Order Code if it is not there you will need to create by following the steps listed here:

1. Click the **Add LOINC Order Code** icon
2. Complete the LOINC Order Code Master as shown below
    a. **Code**: 10527-7
    b. **Name**: Pap
3. Click **Save & Close** button

Workflow

Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either DxCPT, SmartDx or Smart CPT modules.

Document PAP or Exclusion via History Module

1. Navigate to **History** Module > **applicable History** category
    a. Double-click desired item
    b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	Last Pap				12/21/2021	1/13/2022 3:15 PM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	Hospice Care				06/06/2022	10/13/2022 10:14 AM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	Palliative Care				05/09/2022	10/13/2022 10:15 AM	gloEMR

Document PAP or PAP with HVP Testing via Orders & Results

Ordering Screening Test

For those who order or perform the testing without a lab interface order and results must be done via the **Orders & Results > Order Entry**

1. Navigate to **Orders & Results > Order Entry** hot button
2. Double-click PAP test which was built in Set Up section of this guide
    a. To modify and/or print the prescription for the patient click the ellipsis icon for templates
    b. **Modify** Template if necessary > **Print** > **Save & Close**
3. **Save & close** the order Entry Screen > **Save & Close** the View Orders and Results Screen

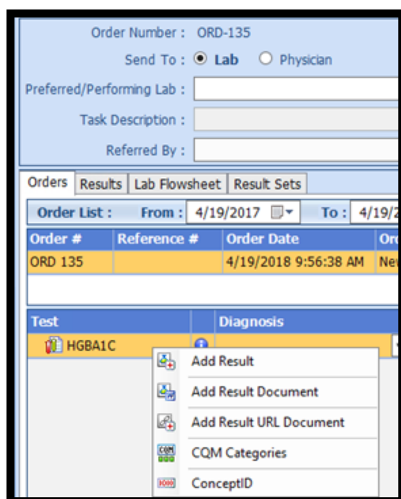
Documenting Test Results

After receiving the test results via scanned documents or received fax you must associate it with the order or manually enter the numerical results if testing was done in-house.

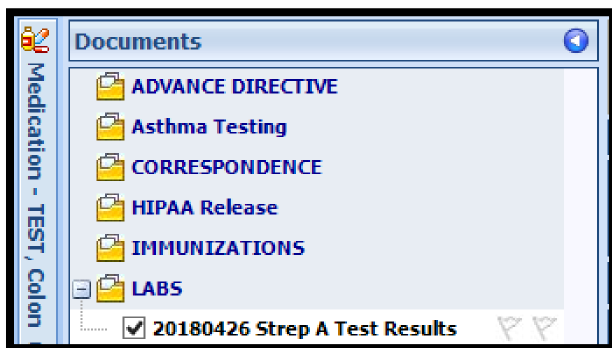
Scanned Test Results

To associate a document to the test results:

1. Navigate to **Orders & Results > Orders Tab**
2. Right-click on the test you would like to add the results to
3. Click **Add Results Document**



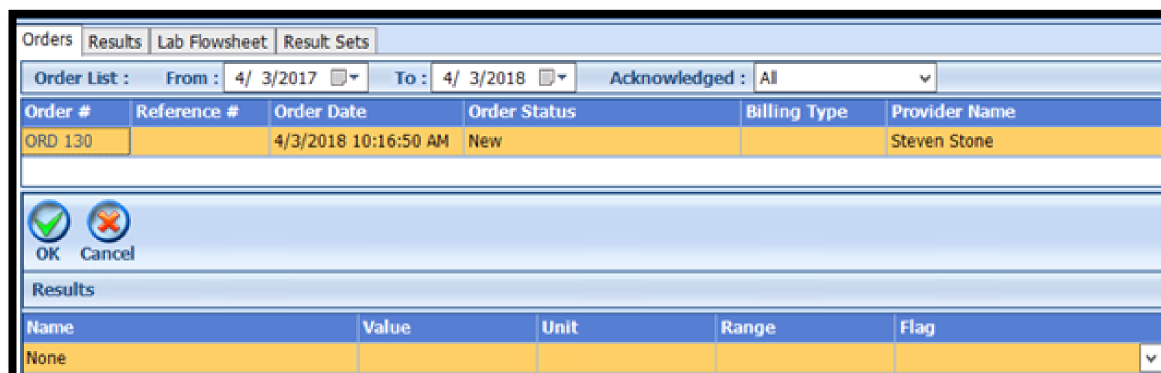
4. You will be brought to the **Scan Documents** screen
    a. Place a **check box** in the document you would like to associate
    b. Click **Save** hot button



Adding Value Results to Order

To manually document the test results:

1. Navigate to **Orders & Results > Orders Tab**
2. Right-click on the test you would like to add the results to
3. Click **Add Results**
4. Enter test results in **Value** field **>** Click **Save & Close** hot button



Incrementing Details

Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be documented using appropriate date based upon Measure Description.

Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit Value Set Authority Center.

CMS Guidance *

To ensure the measure is only looking for a cervical cytology test only after a woman turns 21 years of age, the youngest age in the initial population is 23.

Evidence of HPV testing within the last 5 years also captures patients who had co-testing; therefore additional methods to identify co-testing are not necessary.