

Preventive Care Bonus Cervical Cancer Screening

i4C Indicator RPT-BNS-002: Preventive Care Bonus Cervical Cancer Screening v 2.1

Category: Reporting/Care Bonus

Purpose:

This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus.

Source:

Not derived from any primary care reporting framework; introduced during the EMR Physician Dashboard Proof of Concept to support clinicians tracking eligibility for submitting cumulative preventive care bonus codes.

Base Population:

All enrolled female patients who are between ages 21 and 69, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening.

Indicator Segments:

Screening up to date: Count of enrolled female patients age 21-69 at fiscal year-end WITHOUT a pap exclusion documented AND WITH a pap screening documented within 42 months prior to fiscal year-end.

Screening overdue: Count of enrolled female patients age 21-69 at fiscal year-end WITHOUT a pap exclusion documented AND WITHOUT a pap screening documented within 42 months prior to fiscal year-end.

Pap Exclusion can be documented as:

- A Q140A service code that has been submitted for a patient
- ICD-9 diagnosis code V45.77 (Acquired absence of organ, genital organs) entered as a current or past diagnosis in the cumulative patient profile
- Any of the following ICD-9 procedure codes entered as a procedure in past medical/surgical history of the cumulative patient profile:
 - 68.3 (Subtotal Abdominal Hysterectomy)
 - 68.4 (Total Abdominal Hysterectomy)
 - 68.5 (Vaginal Hysterectomy)
 - 68.6 (Radical Abdominal Hysterectomy)
 - 68.7 (Radical Vaginal Hysterectomy)
 - 68.8 (Pelvic evisceration)
 - 68.9 (Other and unspecified hysterectomy)
- Any of the following text documented as a current/past diagnosis or as a procedure within past medical/surgical history of the cumulative patient profile:
 - 'Cervical Ca'
 - 'Hysterectomy'
 - 'Hysterosal'
 - 'TVH'

- 'TABH'
- 'TAH'

Pap Screening can be documented as a Q011A tracking code that has been submitted for a patient, a report from a sending facility identifying that a pap test has been completed, or as a procedure documented within Past Medical/Surgical history in the cumulative patient profile.

Suggested Indicator Use:

Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.