Memorial Health Network

AUGUST 2026

Women's Preventive Health

THE OPPORTUNITY

Women's preventive health screenings are high-impact opportunities for HEDIS gap closure. These gaps are often missed not because care was not delivered, but because screening was not ordered, completed, documented, coded, or transmitted in a way that can be captured.

Closing these gaps requires coordination across primary care, OB/GYN, and other specialty touchpoints. When screenings are completed and the result, date of service, and correct codes are submitted to the payer, the care that has already been delivered gets the credit it deserves.

WHO SHOULD ACT

This brief is for physicians and clinicians who care for women ages 16-74, including primary care physicians and clinicians, OB/GYN physicians and clinicians, and other specialists. A primary care visit, well-woman visit, or specialist encounter may be the key opportunity to identify, address, and close an open women's preventive health gap.

Different roles, shared outcome:

Primary care physicians and clinicians are well positioned to address BCS at the well-woman visit or other appropriate encounters - and to identify women who may not have a regular PCP relationship.

OB/GYN physicians and clinicians are well-positioned to address cervical cancer screening, chlamydia screening, and mammography referrals during well-woman or other clinically appropriate visits.

Other specialists who see women in these age ranges can help by identifying open gaps and coordinating with primary care or OB/GYN.

PRIORITY PATIENTS

- Women ages 21-64 with no documented Pap smear within the required interval
- Women ages 16-24 identified as sexually active through prior claims or encounter history, including birth control-related claims, with no documented chlamydia test in 2026
- Women ages 40-74 with no completed mammogram in the past 27 months, October 2024-December 2026
- Any patient with an open gap on the MHN Care Gap Report or any patient in the Attribution Report who is unfamiliar to your practice

NOTE: MHN provides your Care Gap Report. Check your most recent report for patients with open gaps. Payer claims data typically lags approximately 3 months, so recent visits, screenings, or results may not yet be reflected.

HEDIS MEASURES IN FOCUS

- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Breast Cancer Screening (BCS)

SCREENING INTERVALS AT A GLANCE

Cervical Cancer Screening (CCS)

Ages 21-64	Pap smear within the past 3 years
Ages 30-64	Pap smear + HPV co-test within the past 5 years satisfies the measure

Chlamydia Screening in Women (CHL)

Ages 16-24	At least one chlamydia test during the measurement year for women identified as sexually active through medical claims or pharmacy data, including oral contraceptive claims
Timing	Can be captured at any encounter where testing is clinically appropriate, including the well-woman visit

Breast Cancer Screening (BCS)

Ages 40-74	At least one mammogram in the past 27 months, October 2024-December 2026
Ordering	Place the mammography referral or order when clinically appropriate, track completion, and confirm the result is documented in the patient record

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KEY ACTIONS

Primary Care: Gap Identification + Follow-Up

- Review your panel for women with open CCS, CHL, or BCS gaps.
- Address gaps during annual, preventive, or other clinically appropriate visits.
- Place mammography referrals or orders when clinically appropriate.
- Follow up on completed referrals and confirm results are documented in the patient record.
- Ensure that appropriate reporting codes are submitted to the payer.
- Coordinate with OB/GYN to avoid duplication and confirm who is tracking completion.

OB/GYNs: Cervical Cancer + Chlamydia Screening

- Review Pap smear history and confirm whether a CCS gap is open.
- Perform cervical screening when the patient is within the HEDIS age range and overdue.
- Document and code both Pap and HPV components separately when a co-test is performed.
- For women ages 16-24, check whether a CHL gap exists and offer testing when clinically appropriate.
  - Do not rely only on self-reported sexual activity. Some patients may appear as open gaps based on prior claims indicators, including birth control-related claims.

Primary Care, OB/GYNs, and Specialists: Breast Cancer Screening Coordination

- For patients ages 40-74, place the mammography referral or order when clinically appropriate.
- Track whether the mammogram was completed and the result returned.
- Confirm results are documented in the record with the correct date of service.
- Ensure that appropriate reporting codes are submitted to the payer.

BRIDGE THE GAP

Click here to access the Women's Patient Roadmap.

Preventive health gap closure depends on coordination. A screening may happen in one setting, but the gap only closes when the result, date of service, and correct codes are submitted to the payer. An order or referral alone does not close the gap.

A few practices that help keep the loop closed:

- When referring patients to OB/GYN or for mammography, include the specific open gap in the referral note.
- When a screening is completed, communicate the result back to the referring or primary care physician and clinician with the date of service and result.
- Ensure completed screenings are in your records and properly coded and submitted to the payer.
- If you're a specialist and a patient does not appear to have a PCP on record, alert the Care Management Team at 954.276.1500 (option 3).

DOCUMENTATION & CODING GUIDE

Cervical Cancer Screening — CPT Codes	
Cervical cytology / Pap smear (conventional or liquid-based)	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175
HPV testing (high-risk)	87620, 87621, 87624
HPV testing (low-risk)	87623
HPV testing (types 16 and 18 only)	87625

Cervical Cancer Screening — ICD-10-CM Codes	
Encounter for gynecological exam without abnormal findings	Z01.419
Encounter for gynecological exam with abnormal findings	Z01.411
Encounter for screening for malignant neoplasm of cervix	Z12.4
Encounter for screening for HPV	Z11.51

Cervical Cancer Screening - CPT Category II Reporting Code	
Cervical cancer screening results documented and reviewed	3015F

Chlamydia Screening — CPT Codes	
Chlamydia trachomatis, single test — urine or vaginal swab (Preferred compliance code per MHN)	87491
Additional chlamydia testing codes	87110, 87270, 87320, 87490, 87492, 87810

Chlamydia Screening — ICD-10-CM Codes	
Encounter for general adult medical exam (annual well visit)	Z00.00, Z00.01
When chlamydia testing is performed at the well-woman visit	Z01.419, Z01.411
Encounter for screening for other infectious and parasitic diseases	Z11.8

Breast Cancer Screening — CPT Codes	
Screening mammography, bilateral (preferred code for HEDIS)	77067
Diagnostic mammography (unilateral/bilateral) — Note: diagnostic codes may not satisfy BCS depending on payer	77065, 77066
Additional mammography testing codes	77061, 77062, 77063

Breast Cancer Screening — ICD-10-CM Codes	
Encounter for screening mammogram for malignant neoplasm of breast	Z12.31

Breast Cancer Screening - CPT Category II Reporting Code	
Screening mammography results documented and reviewed	3014F

CODING REMINDERS

- A well-woman exam with an OB/GYN can satisfy CCS and CHL for HEDIS when paired with the correct codes.
- Pap and HPV co-testing satisfies CCS on a 5-year cycle when both components are documented and coded separately.
- CPT 87491 is the preferred compliance code for chlamydia screening per MHN.
- CPT Category II reporting codes may also support gap closure documentation when accepted by the payer: 3015F for cervical cancer screening results documented and reviewed, and 3014F for screening mammography results documented and reviewed.

Questions? Contact your MHN Quality Team

For Care Gap Reports, coding references, and additional resources, visit the MHN website or contact your Physician Relations Specialist.