Memorial Health Network

SEPTEMBER 2026

Cancer Screening

THE OPPORTUNITY

Breast, colorectal, and cervical cancers are among the few cancers where screening can have a significant impact on the outcome before the disease becomes symptomatic. When detected earlier, these cancers may be more treatable, with more options available to patients.

The **screening order** is only the first step. The care gap can stay open at any of several points: an ordered mammogram that is never completed, a colonoscopy referral that never results in a screening, or a completed screening whose result never reaches the payer.

Closing the gap takes coordination across every touchpoint, from the order to the completed screening to the documented result.

WHO SHOULD ACT

This brief is for physicians and clinicians who **order, perform, or complete cancer screenings** — including PCPs and APPs, GI and OB/GYN physicians and clinicians.

Different roles, shared outcome:

Primary care physicians and clinicians are well-positioned to identify open CCS, BCS, and COL gaps at the annual or preventive visit and to place the appropriate referral or order.

GI physicians and clinicians are well-positioned to complete colonoscopies, ensure referrals convert to completed screenings, and confirm findings are submitted to the payer.

OB/GYN physicians and clinicians are well-positioned to perform cervical screenings and ensure referrals convert to completed screenings.

PRIORITY PATIENTS

- Women ages 21–64 with no documented Pap smear within the required interval
- Women ages 42–74 with no completed mammogram in the past 27 months
- Patients ages 45–75 with no completed colorectal screening within the required interval for their screening type
- Any patient with a referral placed but no completed screening submitted to the payer
- 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

HEDIS MEASURES IN FOCUS

- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)

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

Breast Cancer Screening (BCS)

Ages 42–74	At least one mammogram in the past 27 months

Colorectal Cancer Screening (COL)

Ages 45–75	Fecal occult blood/FIT annually; FIT-DNA every 3 years; flexible sigmoidoscopy or CT colonography every 5 years; or colonoscopy every 10 years

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.

Cancer Screening

KEY ACTIONS

Primary Care

- Review your panel for patients with open BCS, COL, or CCS gaps
- Address gaps during annual, preventive, or other clinically appropriate visits
- Place mammography and colorectal screening referrals or orders when clinically appropriate
- Ensure appropriate reporting codes are submitted to the payer
- Follow up on completed referrals and confirm results are submitted to the payer

Obstetrics & Gynecology (OB/GYN)

- 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 claim

Gastroenterology (GI)

- Ensure referred patients convert to completed colonoscopies
- Track referral-to-completion and follow up on no-shows
- Submit findings and correct procedure codes to the payer promptly after the procedure
- Communicate results back to the referring physician or clinician
  - Do not assume a prior completed screening satisfies the current interval; confirm the test type and date against the required window

BRIDGE THE GAP

Click here to access the patient road map.

Screening gap closure depends on coordination — but for cancer screening specifically, it also depends on flexibility. Not every patient will complete the same test, and an order that goes uncompleted doesn't have to mean the gap stays open.

A few practices that help keep the loop closed:

- If a patient declines or repeatedly no-shows a colonoscopy referral, offer FIT or FIT-DNA as an alternative — a completed at-home test still satisfies COL
- When referring for colonoscopy or mammography, flag the specific open gap in the referral note so GI physicians and clinicians can prioritize scheduling
- When a result comes back, route it to the referring physician or clinician with the date of service so it can be submitted to the payer without delay
- If a patient is overdue across multiple measures (e.g., both COL and CCS), coordinate a single visit or referral bundle where possible rather than multiple separate requests

DOCUMENTATION & CODING GUIDE

Use the applicable CPT, HCPCS and ICD-10-CM codes listed in the **2026 MHN Fact Sheet**. Confirm payer-specific requirements before submission.

Cervical Cancer Screening - CPT Codes	
Cervical cytology / Pap smear (conventional or liquid-based)	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
HPV testing (high-risk)	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
Encounter for screening for malignant neoplasm of vagina	Z12 .72

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

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

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
Screening mammogram not performed, reason not specified	3014F-8P

Colorectal Cancer Screening - CPT / HCPCS Codes	
Fecal occult blood/FIT	82270, 82274, G0328
FIT-DNA stool test	81528
Colonoscopy	45378, 45380, 45381, 45382, 45384, 45385, G0105, G0120, G0121
CT colonography / virtual colonoscopy	74261, 74262, 74263
Flexible sigmoidoscopy	45325, 45330, 45334, 45335, 45350, G0104, G0106

Colorectal Cancer Screening - ICD-10-CM Codes	
Encounter for screening for malignant neoplasm of colon	Z12 .11
Encounter for screening for malignant neoplasm of rectum	Z12 .12

Colorectal Cancer Screening - CPT Category II Reporting Code	
Screening results documented and reviewed	3017F

CODING REMINDERS

- For BCS, 77067 is the preferred screening mammography code when appropriate; diagnostic mammography codes may not close the gap depending on the payer
- Pap and HPV co-testing satisfies CCS on a 5-year cycle when both components are documented and coded separately
- CPT Category II reporting codes may also support gap closure documentation when accepted by the payer: 3015F for cervical cancer screening, 3014F for screening mammography
- For COL, screening test type and interval must match — a colonoscopy, FIT, and FIT-DNA each carry a different required window

Questions? Contact your MHN Quality Team

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