



**Not Applicable for  
Kentucky Medicaid**

**Screening for Cervical Cancer with Human  
Papillomavirus (HPV) Testing  
Policy Number: CPP - 104**

**Original Effective Date: 10/1/2018  
Revised Date(s): N/A**

## **BACKGROUND**

Human papillomavirus (HPV) is a double stranded DNA virus that infects epithelial cells and can induce benign and malignant tumors in humans. Most of these infections resolve spontaneously but some progress to a high-grade pre-invasive cervical lesion (cervical intraepithelial neoplasia (CIN)) or cervical cancer.

The introduction of HPV testing into the screening protocol for women 30 to 65 years of age was prompted by observational studies showing the high sensitivity of HPV testing, as well as the corollary reassurance that a negative test confers a very low risk of cancer. Several long-term, prospective studies (lasting more than 10 years) have shown that the risk of CIN 3 (an indicator of more severe changes affecting the full thickness of the surface layer of the cervix) or cancer is approximately 1% among women with a negative test for HPV, as compared with the 5 to 10% risk among women with a positive test. Randomized trials comparing HPV testing alone with cytologic testing alone have shown that more cases of CIN 3 or cancer are detected with the use of HPV testing than with the use of cytologic testing in the first round of screening, with a commensurate decrease in the number of cases at the subsequent screening. A large trial of HPV testing conducted among women who had never been screened demonstrated that during an 8-year follow-up period, deaths from cervical cancer were extremely rare among women who had a single negative HPV screening test. Among women age 30 to 65 years, Human Papilloma virus testing combined with cytology (co-testing) every 5 years offers a roughly equal balance of benefits and risks with respect to the detection of cervical cancer. Therefore, it is a reasonable alternative for women in this age group who would prefer to extend the screening interval from every three years, with cytology testing alone, to a five-year testing cycle. Screening with cytology more often than every three years confers little additional benefit and increases risk, including risks associated with additional procedures, and the assessment and treatment of transient lesions. Treatment of lesions that would otherwise resolve on their own can lead to procedures with unwanted side effects, including the potential for cervical incompetence and preterm labor.

## POSITION STATEMENT

HPV testing once every five years, as an additional preventive service, for asymptomatic members aged 30 to 65 years, in conjunction with the Pap smear test, is an appropriate alternative to cytologic testing alone. The Health Plan will cover screening for cervical cancer with the appropriate U.S. Food and Drug Administration (FDA)-approved/cleared laboratory tests, used consistently with FDA-approved labeling, and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations.

## CODING & BILLING

CPT Codes: 87623, 87624, 87625

HCPCS Code: G0476

ICD-10 Code: Z11.51, Z01.411, Z01.419

## REFERENCES

1. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening#consider>
2. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R189NCD.pdf>
3. [Schiffman, M, Solomon, D. Cervical-Cancer Screening with Human Papillomavirus and Cytologic Cotesting. N Engl J Med 2013;369:2324-31](#)

## IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at [www.wellcare.com](http://www.wellcare.com). Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

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**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
9/5/2018	<ul style="list-style-type: none"><li>• Approved by RPPC.</li></ul>