Applicable To:
Medicare

Claims Edit Guideline:

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 Heath Planwill 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

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- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
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