# MedStar Health, Inc.
## POLICY AND PROCEDURE MANUAL

Policy Number: MP.032.MH
Last Review Date: 02/09/2017
Effective Date: 04/01/2017

## MP.032.MH – HPV Testing

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Human Papillomavirus (HPV) Testing medically necessary for the following indications:

1. For women 21-29 years of age, HPV testing is not considered medically necessary for general screening in this age group. HPV testing is considered medically necessary for assessment of atypical squamous cells of undetermined significance (ASC-US).
   - If the patient is 21-24, has ASC-US, and HPV test is positive, repeat pap in 12 months. If HPV negative, re-screen with pap in three years.
   - If the patient is 25-29, has ASC-US, and HPV is positive, recommend colposcopy. If HPV test is negative, re-screen with Pap in three years.
     Or
2. For women age 30 and older, either pap testing without HPV test every three years, or use of a combination Pap test and HPV test (co-testing) every five years is considered medically necessary.

   If both Pap and HPV tests are negative, then rescreening with HPV and Pap test should only be done after five years.

   Automatic rescreening with HPV and Pap test in one year is not medically necessary.

   Rescreening with HPV before five years will not be covered as a screening test, and will only be covered as a diagnostic test as specified below:
   - If the Pap test is negative and HPV test is positive, then rescreen the member with Pap and HPV test in 1 year, or
   - Test for HPV 16 or HPV 16/18 genotype.
   - For follow-up of abnormal results, manage per the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines
     And

- For HPV testing to be covered more frequently than once every 5 years, one of the following must be true:
    a. The woman has low grade squamous intraepithelial lesion (LSIL) on Pap, and the HPV co-test is negative (repeat co-test in 12 months).
    b. The woman has no cytological abnormality, and the HPV co-test is positive (repeat co-test in 12 months).
    c. The woman has no cytological abnormality, the HPV co-test is positive, and the HPV 16/18 genotype is negative (repeat co-test in 12 months).
    d. The woman has atypical glandular cells (AGC) on pap, and the follow-up colposcopy exam and biopsy does not demonstrate CIN 2 or higher (repeat co-test in 12 months and 24 months).
    e. The woman is age 21-24, had a previous ASC-US, with follow-up HPV test with negative result. If a future routine pap results in ASC-US, follow-up HPV test is indicated.
- If scenario a through e results in any further abnormal result, manage per ASCCP guidelines. If result of HPV test is negative, return to normal screening schedule.

**Limitations**
HPV testing is not indicated:

1. In adolescents (20 years of age and younger) due to the high rate of spontaneous clearing of HPV infection in this age group.
2. Cervical cancer screening is not of value post total hysterectomy (including removal of the cervix) for a benign condition. The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer. If the hysterectomy was supracervical and the cervix remains, cervical cancer screening as described above is indicated.

**Medicare Variation:**
Medicare covers a screening pelvic examination and Pap test for all female beneficiaries at 12 or 24 month intervals, based on specific risk factors.

Effective for services performed on or after July 9, 2015, CMS has determined that the evidence is sufficient to add Human Papillomavirus (HPV) testing once every five years as an additional preventive service benefit under the Medicare program for asymptomatic beneficiaries aged 30 to 65 years in conjunction with the Pap smear test. CMS will cover screening for cervical cancer with the appropriate U.S. Food and Drug Administration (FDA) approved/cleared laboratory tests, used consistent with FDA

approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations.

**Background**

The US Preventive Services Task Force (USPSTF) reports an age-adjusted annual incidence rate of cervical cancer to be 6.6 cases per 100,000 women. It most commonly occurs in women 35-55 years of age and is the second most common cancer in women worldwide. Cervical cancer deaths have decreased dramatically in the United States since the implementation of more widespread cervical cancer screening.

The Mayo Clinic defines the Human Papillomavirus (HPV) Test as a test that detects the presence of HPV, a virus that can lead to the development of genital warts, abnormal cervical cells and cervical cancer. Scientists have identified over 80 HPV types, with about 40 types affecting the genital tract. Currently, the HPV test only exists to women.

**Codes:**

| **CPT Codes / HCPCS Codes / ICD-10 Codes** | |
|---|---|
| Code | Description |
| 87623 | Human Papillomavirus (HPV), low-risk types |
| 87624 | Human Papillomavirus (HPV), high-risk types |
| 87625 | Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed |
| G0476 | Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Human Papillomavirus (Hpv), High-Risk Types (Eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) For Cervical Cancer Screening, Must Be Performed In Addition To Pap Test |

**References**

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