



If a conflict arises between a Payment and Coding Policy (“PCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a PCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Cervical Cancer Screening

Policy Number: CPCPLAB002

Version 1.0

Plan Effective Date: Nov. 1, 2022

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Cervical cancer screening **may be reimbursable** in immunosuppressed women without an HIV infection in the following situations:
 - a. Annual cytology testing for individuals 30 years or younger
 - b. Every 3 years co-testing (cytology and HPV) for individuals 30 years or older
2. For women 21 - 29 years of age, cervical cancer screening using conventional or liquid based Papanicolaou (Pap) smears **may be reimbursable** at a frequency of every 3 years.
3. For women 30 - 65 years of age, cervical cancer screening using conventional or liquid based Pap smear at a frequency of every 3 years, or cervical cancer screening using the high-risk

HPV test alone at a frequency of every 5 years, or co-testing (cytology with concurrent high-risk HPV testing) at a frequency of every 5 years, **may be reimbursable**.

4. Cervical cancer screening **may be reimbursable** for women >65 years of age who are considered high-risk (women with a high-grade precancerous lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who are immunocompromised).
5. Testing for high-risk strains of HPV-16 and HPV-18 **may be reimbursable** if BOTH of the following co-testing criteria are present:
 - a. Cytology negative; AND
 - b. HPV positive.
6. Repeat cervical cancer screening by Pap smear or HPV testing in one year **may be reimbursable** if a previous cervical cancer screen had an abnormal cytology result and/or was positive for HPV, or if the woman is at high risk for cervical cancer (organ transplant, exposure to the drug DES, immunocompromised women).
7. Cervical cancer screening for women under 21 years of age **is not reimbursable** *unless* one of the following criteria are met:
 - a. History of HIV and/or other Non-HIV immunocompromised conditions;
 - b. Previous diagnosis of cervical cancer;
 - c. Previous diagnosis of cervical dysplasia;
 - d. History of an organ transplant.
8. Routine cervical cancer screening **is not reimbursable** in women >65 years of age who are not considered high-risk and have an adequate screening history:
 - a. Three consecutive negative Pap smears, or
 - b. Two consecutive negative HPV tests within 10 years before cessation of screening, with the most recent test occurring within 5 years.
9. Cervical cancer screening (at any age) **is not reimbursable** for women who have undergone surgical removal of uterus and cervix and have no history of cervical cancer or pre-cancer.

The following **are not reimbursable**:

- Inclusion of low-risk strains of HPV in co-testing, as the clinical utility has not been established.
- Other technologies for cervical cancer screening because of insufficient evidence of clinical utility.

For more information specifically regarding HPV, please refer to CPCPLAB51 Diagnostic Testing of Common Sexually Transmitted Infections.

Procedure Codes

Codes
0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091

References:

ACOG. (2020, October 9). Updated Guidelines for Management of Cervical Cancer Screening Abnormalities. Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities>

ACOG. (2021, April 12). Updated Cervical Cancer Screening Guidelines. Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>

ACS. (2021, January 12). Key Statistics for Cervical Cancer. Retrieved from <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>

ASCCP. (2017, February 14). Don't order screening tests for low-risk HPV types. *Five Things Physicians and Patients Should Question*. Retrieved from <http://www.choosingwisely.org/clinician-lists/asccp-screening-tests-for-low-risk-hpv-types/>

ASCCP. (2019, October 3). Don't perform cervical cytology (Pap tests) or HPV screening in patients under age 21 who have a normal immune system. *Five Things Physicians and Patients Should Question*. Retrieved from <http://www.choosingwisely.org/clinician-lists/asccp-pap-tests-or-hpv-screening-in-women-under-21/>

Bibbins-Domingo, K., Grossman, D. C., Curry, S. J., Barry, M. J., Davidson, K. W., Doubeni, C. A., . . . Tseng, C. W. (2017). Screening for Gynecologic Conditions With Pelvic Examination: US Preventive Services Task Force Recommendation Statement. *Jama*, 317(9), 947-953. doi:10.1001/jama.2017.0807

Bonde, J. H., Sandri, M. T., Gary, D. S., & Andrews, J. C. (2020). Clinical Utility of Human Papillomavirus Genotyping in Cervical Cancer Screening: A Systematic Review. *J Low Genit Tract Dis*, 24(1), 1-13. doi:10.1097/lgt.0000000000000494

Chen, H. C., Schiffman, M., Lin, C. Y., Pan, M. H., You, S. L., Chuang, L. C., . . . Chen, C. J. (2011). Persistence of type-specific human papillomavirus infection and increased long-term risk of cervical cancer. *J Natl Cancer Inst*, 103(18), 1387-1396. doi:10.1093/jnci/djr283

Dahlstrom, L. A., Ylitalo, N., Sundstrom, K., Palmgren, J., Ploner, A., Eloranta, S., . . . Sparen, P. (2010). Prospective study of human papillomavirus and risk of cervical adenocarcinoma. *Int J Cancer*, 127(8), 1923-1930. doi:10.1002/ijc.25408

FDA. (2018a, 07/09/2018). BD ONCLARITY HPV ASSAY. Devices@FDA Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601>

FDA. (2018b). BD ONCLARITY HPV ASSAY. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601>

FDA. (2018c, 08/06/2018). PMA Monthly approvals from 7/1/2018 to 7/31/2018. Retrieved from <https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/PMAApprovals/UCM615947.pdf>

FDA. (2019). Devices@FDA. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm>

FDA. (2020). Cobas HPV For Use On The Cobas 6800/8800 Systems. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=448383>

Feldman, S., & Crum, C. (2019). Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing. In S. Falk & B. Goff (Eds.), UpToDate. Retrieved from <https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing>

Feldman, S., & Crum, C. (2021). Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing. UpToDate. Retrieved from <https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing>

Feldman, S., Goodman, A., & Peipert, J. (2021, May 17). Screening for cervical cancer in resource-rich settings. UpToDate. Retrieved from <https://www.uptodate.com/contents/screening-for-cervical-cancer-in-resource-rich-settings>

Huh, W. K., Ault, K. A., Chelmow, D., Davey, D. D., Goulart, R. A., Garcia, F. A., . . . Einstein, M. H. (2015). Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. *J Low Genit Tract Dis*, 19(2), 91-96. doi:10.1097/lgt.000000000000103

Marchand, L., Mundt, M., Klein, G., & Agarwal, S. C. (2005). Optimal collection technique and devices for a quality pap smear. *Wmj*, 104(6), 51-55.

Massad, L. S. (2018). Replacing the Pap Test With Screening Based on Human Papillomavirus Assays. *Jama*, 320(1), 35-37. doi:10.1001/jama.2018.7911

Melnikow, J., Henderson, J. T., Burda, B. U., Senger, C. A., Durbin, S., & Weyrich, M. S. (2018). Screening for Cervical Cancer With High-Risk Human Papillomavirus Testing: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *Jama*, 320(7), 687-705. doi:10.1001/jama.2018.10400

Mendez, K., Romaguera, J., Ortiz, A. P., Lopez, M., Steinau, M., & Unger, E. R. (2014). Urine-based human papillomavirus DNA testing as a screening tool for cervical cancer in high-risk women. *Int J Gynaecol Obstet*, 124(2), 151-155. doi:10.1016/j.ijgo.2013.07.036

Moscicki, A. B., Flowers, L., Huchko, M. J., Long, M. E., MacLaughlin, K. L., Murphy, J., . . . Gold, M. A. (2019). Guidelines for Cervical Cancer Screening in Immunosuppressed Women Without HIV Infection. *J Low Genit Tract Dis*, 23(2), 87-101. doi:10.1097/lgt.0000000000000468

NCCN. (2020). NCCN Clinical Practice Guidelines in Oncology Cervical Cancer. NCCN Guidelines, 1.2020 - January 14, 2020. Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf

NCI. (2021, March 24). Cervical Cancer Screening (PDQ®)—Health Professional Version. Retrieved from <https://www.cancer.gov/types/cervical/hp/cervical-screening-pdq>

Ogilvie, G. S., van Niekerk, D., Kraijden, M., Smith, L. W., Cook, D., Gondara, L., . . . Coldman, A. J. (2018). Effect of Screening With Primary Cervical HPV Testing vs Cytology Testing on High-grade Cervical Intraepithelial Neoplasia at 48 Months: The HPV FOCAL Randomized Clinical Trial. *Jama*, 320(1), 43-52. doi:10.1001/jama.2018.7464

Pathak, N., Dodds, J., Zamora, J., & Khan, K. (2014). Accuracy of urinary human papillomavirus testing for presence of cervical HPV: systematic review and meta-analysis. *Bmj*, 349, g5264. doi:10.1136/bmj.g5264

Rice, S. L., Editor. (2018, August 2018). Cobas HPV test approved for first-line screening using SurePath preservative fluid. CAP Today.

Sabeena, S., Kuriakose, S., Binesh, D., Abdulmajeed, J., Dsouza, G., Ramachandran, A., . . . Arunkumar, G. (2019). The Utility of Urine-Based Sampling for Cervical Cancer Screening in Low-Resource Settings. *Asian Pac J Cancer Prev*, 20(8), 2409-2413. doi:10.31557/apjcp.2019.20.8.2409

Sasieni, P., Castanon, A., & Cuzick, J. (2009). Screening and adenocarcinoma of the cervix. *Int J Cancer*, 125(3), 525-529. doi:10.1002/ijc.24410

USPSTF. (2018a). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *Jama*, 320(7), 674-686. doi:10.1001/jama.2018.10897

USPSTF. (2018b). Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement USPSTF Recommendation: Screening for Cervical Cancer USPSTF Recommendation: Screening for Cervical Cancer. *Jama*, 320(7), 674-686. doi:10.1001/jama.2018.10897

Policy Update History:

11/1/2022	New policy
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