

## MP.032.MPC HPV Testing

Maryland Physicians Care considers **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).

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- e. 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).
- f. 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.

### 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.



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### 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

1. American Congress of Obstetricians and Gynecologists (ACOG). Cervical Cancer Screening. Last Reviewed: May, 2021. Last Updated: May, 2021. [https://www.acog.org/womens-health/faqs/cervical-cancer-screening#:~:text=Women%20who%20are%2021%20to,%2Dtesting\)%20every%205%20years.](https://www.acog.org/womens-health/faqs/cervical-cancer-screening#:~:text=Women%20who%20are%2021%20to,%2Dtesting)%20every%205%20years.)
2. Centers for Medicare and Medicaid (CMS) National Coverage Determination (NCD) for Screening for Cervical Cancer with Human Papillomavirus (HPV). NCD 210.2.1. Effective Date of this Version: 07/09/2015. Implementation Date: 3/7/2016. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=365&ncdver=1&DocID=210.2.1&bc=gAAAABAAAA&>
3. Centers for Medicare and Medicaid (CMS). MLN Matters Number: MM9434 Revised. Effective Date: July 9, 2015. Revised: April 22, 2016. Cervical Screening Coverage for Cervical Cancer with Human Papillomavirus (HPV) Testing – National Coverage Determination (NCD) 210.2.1. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/mm9434.pdf>
4. Davey DD, Neal MH, Wilbur DC, et al. Bethesda 2001 implementation and reporting rates: 2003 practices of participants in the College of American Pathologists Interlaboratory Comparison Program in Cervicovaginal Cytology. Arch Path Lab Med. 2004 Nov; 128(11):1224-1229. [https://www.researchgate.net/publication/8213295\\_Bethesda\\_2001\\_implementation\\_and\\_reporting\\_rates\\_2003\\_practices\\_of\\_participants\\_in\\_the\\_College\\_of\\_Am](https://www.researchgate.net/publication/8213295_Bethesda_2001_implementation_and_reporting_rates_2003_practices_of_participants_in_the_College_of_Am)

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### [merican Pathologists Interlaboratory Comparison Program in Cervicovaginal Cytology](#)

5. Davis AJ. Cervical Cancer: New Guidelines for Screening and Prevention. NEJM Journal Watch: Women's Health. 2007, November 29.  
<http://www.jwatch.org/wh20071129000001/2007/11/29/cervical-cancer-new-guidelines-screening-and>
6. Kulasingam SL, Hughes JP, Kiviat NB, et al. Evaluation of human papillomavirus testing in primary screening for cervical abnormalities: comparison of sensitivity, specificity, and frequency of referral. JAMA. 2002 Oct; 288(14): 1749-1757.  
<http://jama.jamanetwork.com/article.aspx?articleid=195385>
7. Massad LS, Collins YC, Meyer PM. Biopsy correlates of abnormal cervical cytology classified using the Bethesda System. Gynecol Oncol. 2001 Sep; 82(3):516-522.  
<https://www.sciencedirect.com/science/article/abs/pii/S0090825801963231>
8. Moscicki AB, Shiboski S, Hills NK, et al. Regression of low grade squamous intraepithelial lesions in young women. Lancet. 2004 Nov; 364(9446): 1678-1683.  
<https://www.sciencedirect.com/science/article/abs/pii/S0140673604173546>
9. Moyer VA. Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement. Ann Int Med. 2012 Jun; 156(12): 880-891.  
<http://annals.org/article.aspx?articleid=1183214>
10. Munoz N, Bosch FX, de Sanjose S, et al. Epidemiologic classification of human papillomavirus types associated with cervical cancer. N Engl J Med. 2003 Feb; 348(6): 518-527.  
<http://www.nejm.org/doi/pdf/10.1056/NEJMoa021641>
11. Numnum TM, Kirby TO, Leath III CA, et al. A prospective evaluation of "see and treat" in women with HSIL Pap tests results: is this an appropriate strategy? J Low Genit Tract Dis. 2005 Jan; 9(1):2-6.  
<http://www.ncbi.nlm.nih.gov/pubmed/15870514>
12. Ratnam S, Franco EL, Ferenczy A. Human papillomavirus testing for primary screening of cervical cancer precursors. Cancer Epidemiol Biomarkers Prev. 2000 Sep; 9(9): 945-951.  
<http://www.ncbi.nlm.nih.gov/pubmed/11008913>
13. Saslow D, Solomon D, Lawson HW, et al, American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. Am J Clin Pathol. 2012 Apr; 137(4):516-542. Doi: 10.1309/AJCPTGD94EVRSJCG.

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- <https://www.researchgate.net/publication/221724129> Saslow D Solomon D Lawson HW Killackey M Kulasingam SL Cain J Garcia FA Moriarty AT Waxman AG Wilbur DC Wentzensen N Downs LS Jr Spitzer M Moscicki AB Franco EL Stoler MH Schiffman M Castle PE Myers E
14. Schlecht NV, Platt RW, Duarte-Franco E, et al. Human papillomavirus infection and time to progression and regression to cervical intraepithelial neoplasia. *J Natl Cancer Inst.* 2003 Sep; 95(17):1336-1343.  
<http://jnci.oxfordjournals.org/content/95/17/1336.full.pdf+html>
  15. Sherman ME, Lorincz AT, Scott DR, et al. Baseline cytology, human papillomavirus testing, and risk for cervical neoplasia: a 10-year cohort analysis. *J Natl Cancer Inst.* 2003 Jan; 95(1): 46-52.  
<http://jnci.oxfordjournals.org/content/95/1/46.full.pdf+html>
  16. Solomon D, Schiffman M, Tarone R. Comparison of three management strategies for patients with atypical squamous cells of undetermined significance: baseline results from a randomized trial. *J Natl Cancer Inst.* 2001 93(4): 293-299.  
<http://jnci.oxfordjournals.org/content/93/4/293.full.pdf+html>.
  17. Stoler MH, Schiffman M: Interobserver reproducibility of cervical cytologic and histologic interpretation: realistic estimates from the ASCUS-LSIL Triage Study. *JAMA* 2001 Mar; 285(11) :1500-1505.  
<http://jama.jamanetwork.com/article.aspx?articleid=193671>
  18. US Preventive Services Task Force (USPSTF) – Screening for Cervical Cancer, Current as of August 2018’  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>
  19. U.S. Food and Drug Administration (FDA). Approval Letter – P-080015. Cervista™ HPV 16/18. March 19, 2009.  
[http://www.accessdata.fda.gov/cdrh\\_docs/pdf8/P080015a.pdf](http://www.accessdata.fda.gov/cdrh_docs/pdf8/P080015a.pdf)
  20. Wright TC, Massad LS, Dunton CJ, et al. [2006 American Society for Colposcopy and Cervical Pathology-sponsored Consensus Conference]. 2006 consensus guidelines for the management of women with cervical intraepithelial neoplasia of adenocarcinoma in situ. *J Low Genit Tract Dis.* 2007 Nov; 11(4):223-239.  
<http://www.ncbi.nlm.nih.gov/pubmed/17904956>

### Archived References

1. Hayes. HPV Genotyping to Test for the Presence of HPV 16 and 18 in Women. Updated May 20, 2016. Archived July 25, 2017



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