

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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, clinical 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

Approval Date: Nov. 19, 2024

Plan Effective Date: January 15, 2025

Description

BCBSNM 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:

The criteria below are based on recommendations by the U.S. Preventive Services Task Force, the National Cancer Institute, NCCN, the American Society for Colposcopy and Cervical Pathology, the American Cancer Society, the American Society for Clinical Pathology, and the American College of Obstetricians and Gynecologists. Within these reimbursement criteria, “individual(s)” is specific to individuals with a cervix.

1. Annual cervical cancer screening **may be reimbursable** for individuals 18 years of age and older; and for individuals who are at risk for cancer or at risk of other health conditions that can be identified through cytologic screening.
2. HPV testing **may be reimbursable** once every three (3) years for individuals aged 30 and older.
3. For individuals who have undergone surgical removal of the uterus and cervix and who have no history of cervical cancer or pre-cancer, cervical cancer screening (at any age) **is not reimbursable**.
4. The following **are not reimbursable**:
 - a. Inclusion of low-risk strains of HPV in co-testing;
 - b. Other technologies for cervical cancer screening.

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

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
87623, 87624, 87625, 87626, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 0500T, 0502U, 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* <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*. <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*. American Cancer Society, Inc. Retrieved 08/15/2018 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*. ABIM. <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*. ABIM. <http://www.choosingwisely.org/clinician-lists/asccp-pap-tests-or-hpv-screening-in-women-under-21/>
- ASCCP. (2021, October 1, 2021). *Five Things Physicians and Patients Should Question*. Choosing Wisely. <https://www.choosingwisely.org/societies/asccp/>
- 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. <https://doi.org/10.1097/lgt.0000000000000494>
- Chen, H. C., Schiffman, M., Lin, C. Y., Pan, M. H., You, S. L., Chuang, L. C., Hsieh, C. Y., Liaw, K. L., Hsing, A. W., & 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. <https://doi.org/10.1093/jnci/djr283>
- Dahlstrom, L. A., Ylitalo, N., Sundstrom, K., Palmgren, J., Ploner, A., Eloranta, S., Sanjeevi, C. B., Andersson, S., Rohan, T., Dillner, J., Adami, H. O., & Sparen, P. (2010). Prospective study of human papillomavirus and risk of cervical adenocarcinoma. *Int J Cancer*, 127(8), 1923-1930. <https://doi.org/10.1002/ijc.25408>
- Dilley, S., Huh, W., Blechter, B., & Rositch, A. F. (2021). It's time to re-evaluate cervical Cancer screening after age 65. *Gynecol Oncol*, 162(1), 200-202. <https://doi.org/10.1016/j.ygyno.2021.04.027>

EASC. (2023). Guidelines Version 12.0. <https://www.eacsociety.org/guidelines/eacs-guidelines/>

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

FDA. (2018b, 07/09/2018). *BD ONCLARITY HPV ASSAY*. U.S. Food & Drug Administration. Retrieved 07/11/2018 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*. Food and Drug Agency. Retrieved 08/21/2018 from <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?ID=409848>

FDA. (2019). *Devices@FDA*. U.S. Food & Drug Administration. <https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm>

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

Feldman, S., & Crum, C. (2023, May 2, 2022). *Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing*. <https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing>

Feldman, S., Goodman, A., & Peipert, J. (2024, May 23, 2023). *Screening for cervical cancer in resource-rich settings*. <https://www.uptodate.com/contents/screening-for-cervical-cancer-in-resource-rich-settings>

Fontham, E. T. H., Wolf, A. M. D., Church, T. R., Etzioni, R., Flowers, C. R., Herzig, A., Guerra, C. E., Oeffinger, K. C., Shih, Y. T., Walter, L. C., Kim, J. J., Andrews, K. S., DeSantis, C. E., Fedewa, S. A., Manassaram-Baptiste, D., Saslow, D., Wender, R. C., & Smith, R. A. (2020). Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin*, 70(5), 321-346. <https://doi.org/10.3322/caac.21628>

HHS. (2024). Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/human>

Huh, W. K., Ault, K. A., Chelmow, D., Davey, D. D., Goulart, R. A., Garcia, F. A., Kinney, W. K., Massad, L. S., Mayeaux, E. J., Saslow, D., Schiffman, M., Wentzensen, N., Lawson, H. W., & 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. <https://doi.org/10.1097/lgt.0000000000000103>

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. <https://doi.org/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. <https://doi.org/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. <https://doi.org/10.1016/j.ijgo.2013.07.036>

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

NCCN. (2024, April 28, 2023). *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines(R)) - Cervical Cancer Version 3.2024*. https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf

NCI. 2024, April 21, 2023). *Cervical Cancer Screening (PDQ®)-Health Professional Version*. National Institutes of Health. <https://www.cancer.gov/types/cervical/hp/cervical-screening-pdq>

Ogilvie, G. S., van Niekerk, D., Krajden, M., Smith, L. W., Cook, D., Gondara, L., Ceballos, K., Quinlan, D., Lee, M., Martin, R. E., Gentile, L., Peacock, S., Stuart, G. C. E., Franco, E. 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. <https://doi.org/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. <https://doi.org/10.1136/bmj.g5264>

Pry, J. M., Manasyan, A., Kapambwe, S., Taghavi, K., Duran-Frigola, M., Mwanahamuntu, M., Sikazwe, I., Matambo, J., Mubita, J., Lishimpi, K., Malama, K., & Bolton Moore, C. (2021). Cervical cancer screening outcomes in Zambia, 2010-19: a cohort study. *Lancet Glob Health*, 9(6), e832-e840. [https://doi.org/10.1016/s2214-109x\(21\)00062-0](https://doi.org/10.1016/s2214-109x(21)00062-0)

Qin, J., Holt, H. K., Richards, T. B., Saraiya, M., & Sawaya, G. F. (2023). Use Trends and Recent Expenditures for Cervical Cancer Screening-Associated Services in Medicare Fee-for-Service Beneficiaries Older Than 65 Years. *JAMA Intern Med*, 183(1), 11-20. <https://doi.org/10.1001/jamainternmed.2022.5261>

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., Vijaykumar, B., Aswathyraraj, S., Devadiga, S., Ravishankar, N., & 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. <https://doi.org/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. <https://doi.org/10.1002/ijc.24410>

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

William R Robinson. (2024a, 01/19/2023). Screening for cervical cancer in patients with HIV infection and other immunocompromised states. <https://www.uptodate.com/contents/screening-for-cervical-cancer-in-patients-with-hiv-infection-and-other-immunocompromised-states>

William R Robinson. (2024b, 05/23/2023). Screening for Cervical Cancer in Resource-Risk Settings. <https://www.uptodate.com/contents/screening-for-cervical-cancer-in-resource-rich-settings>

Winer, R. L., Lin, J., Anderson, M. L., Tiro, J. A., Green, B. B., Gao, H., Meenan, R. T., Hansen, K., Sparks, A., & Buist, D. S. M. (2023). Strategies to Increase Cervical Cancer Screening With Mailed Human Papillomavirus Self-Sampling Kits: A Randomized Clinical Trial. *Jama*, 330(20), 1971-1981. <https://doi.org/10.1001/jama.2023.21471>

Policy Update History:

Approval Date	Effective Date; Summary of Changes
11/19/2024	01/15/2025: Added new CPT code 87626 effective 01/01/2025.
10/30/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. Added code 0502U. References updated; some added, others revised.
11/01/2023	11/01/2023: Document updated with literature review. "Women" changed to "individuals" throughout reimbursement information section. Note added prior to Reimbursement Information: "The criteria below are based on

	recommendations by the U.S. Preventive Services Task Force, The National Cancer Institute, NCCN, The American Society for Colposcopy and Cervical Pathology, The American Cancer Society, The American Society for Clinical Pathology, and the American College of Obstetricians and Gynecologists. Within these coverage criteria, "individual" is specific to individuals with a cervix." References updated.
01/01/2023	01/01/2023: New policy