Medical Policy

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

Human Papillomavirus (HPV) Screening

Policy Number: PG0369
Last Reviewed Date: 05/01/2025
Last Revised: 5/1/2025

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
X Facility

DESCRIPTION:

Human papillomavirus (HPV) is a virus that infects epithelial cells and can induce a variety of benign and malignant tumors in humans. Most HPV infections resolve spontaneously but some progress to a high-grade preinvasive cervical lesion (cervical intraepithelial neoplasia) or cervical cancer. High-risk human papillomavirus (HrHPV) are types of HPV that have been linked to an increased risk of cervical cancer. There are more than 100 types of HPV and at least 14 of these, including HPV 14 and 18, are known to cause cancer.

Human papillomavirus (HPV) is a small, double-stranded DNA virus that infects epithelial cells and can induce a variety of benign and malignant tumors in humans. Most HPV infections resolve spontaneously, but if an oncogenic (high-risk) HPV persists, there may be progression to a high-grade preinvasive cervical lesion (cervical intraepithelial neoplasia) or cervical cancer. Testing cervical specimens for DNA of oncogenic types of HPV is useful in the evaluation of certain abnormal PAP smears.

Screening recommendations and guidelines have been published by the American College of Obstetricians and Gynecologists (ACOG, 2016), U.S. Preventive Services Task Force (USPSTF, 2018), and American Cancer Society (ACS, 2020). All recommendations and guidelines recommend regular screening between the ages of 25 and 65 years with options, including HPV testing alone, Pap testing alone, and HPV and Pap testing together (co-testing).

The goal of HPV testing is to improve accuracy in identifying those women at increased risk for cervical cancer and to decrease unnecessary referrals for colposcope evaluation.

POLICY:

Paramount Commercial Insurance Plans

- **HPV screening (87623, 87624, 87625, and 87626) for women aged 30-65 years does not require prior authorization.**
- **HPV Reflex testing (87623, 87624, 87625, 87626) for women aged 21-29 and over age 65 years with cervical cytology screening test results reported as ASC-US or LSIL, does not require a prior authorization.**

Elite (Medicare Advantage) Plans

- **HPV screening (G0476) for women aged 30-65 years does not require prior authorization.**

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Prior authorization is required for ages under 30 and over the age of 65 for all product lines. With the exception of HPV Reflex testing as documented above.**

Related Medical Policies:

- **Preventive Services, PG0137**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Paramount Advantage Medicaid

Testing in asymptomatic individuals is not medically necessary before age 30.

Routine cervical cancer screening and HPV testing with FDA approved techniques (e.g., conventional Pap smear, liquid-based cytology, Cobas® HPV test) is considered medically appropriate, for women of age 30 -65.

High risk HPV (hrHPV) testing, in conjunction with Pap smears, meets the definition of medical necessity for the purpose of screening women aged 30 - 65 years for cervical abnormalities.

- hrHPV every 5 years, or
- cervical cytology alone every 3 years, or
- co-testing with a combination of cytology and hrHPV testing every 5 years

The use of HPV tests as a primary screening test for cervical cancer in women younger than 30 years of age is considered experimental/investigational.

The U.S. Preventive Services Task Force (USPSTF), August 21, 2018, guidelines indicate that for average-risk women aged 30-65 years, high-risk human papillomavirus testing alone every 5 years as an alternative to screening with cervical cytology alone every 3 years or screening with a combination of cytology and high-risk HPV testing every 5 years. The Society of Gynecologic Oncology, the American Society of Cytopathology and the College of American Pathologist also recommend for these women, co-testing with cervical cytology and high-risk HPV testing every 5 years is preferred, screening with cervical cytology alone every 3 years is acceptable and high-risk HPV testing alone can be considered as an alternative screening strategy.

HPV testing meets the definition of medical necessity for the purpose of following-up with prior cytology-negative co-testing result and positive HPV tests in women aged 30 years and older.

- Test again by co-testing in one year, or
    - If the 1-year repeat co-test result is HPV-negative and cytology negative, repeat co-testing in 3 years is recommended.
- Be tested by HPV high risk oncogenic subtype genotyping
    - If the HPV 16 and HPV 18 test results are negative, repeat co-testing in 1 year is recommended.

HPV testing has not been proven to be effective and is therefore, is considered not medically necessary in the routine triage of women with low-grade squamous intraepithelial lesions (LSIL) found through screening examinations (e.g., cervical cytology).

Testing in symptomatic individuals under age 30 and over age 65

Human papillomavirus (HPV) testing of high-risk sub-types has been medically proven to be effective and therefore, is considered medically appropriate for women of any age meeting the following criteria:

- Are high-risk, or
    - Risk factors may include organ transplant recipients, HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol (DES), and previous treatment of a high-grade precancerous lesion or cervical cancer.
- Symptomatic, or

- Have a prior abnormal Pap smear of interpretation of atypical cells of undetermined significance (ASCUS)
    - dysplasia of cervix,
    - atypical squamous cells of undetermined significance (ASCUS),
    - atypical squamous cells high-grads SIL (ASC-H),
    - low-grade squamous intra-epithelial lesions (LSIL),
    - atypical glandular cells not otherwise specified (AGC NOS), or
    - following up from AGC NOS with a negative colposcopy result with in the past 2 years.

Elite (Medicare Advantage) Plans

Human Papillomavirus (HPV) testing (G0476) is considered medically necessary once every five years for asymptomatic members aged 30 to 65 years in conjunction with the Pap smear test.
HPV testing of a cervical specimen is indicated when the PAP smear result is reported as atypical squamous cells of indeterminate significance (ASC-US), atypical glandular cells (AGC), or atypical squamous cells cannot rule out high-grade lesion (ASC-H).
Use either of the following:

- Encounter for screening for HPV – Z11.51 and Encounter for gynecological exam (general) (routine) with abnormal findings – Z01.411
- Encounter for gynecological exam (general) (routine) without abnormal findings – Z01.419

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans
HPV Reflex testing:

The purpose of reflex HPV testing is to detect the Human Papillomavirus (HPV) in a Pap test sample and to help decide what follow up is needed for women in specific age groups with a low-grade Pap test result (ASC-US or LSIL). The clinical utility of HPV reflex testing depends on the patient's age and Pap findings.

- HPV Co-Testing* (recommended in women 30-65yrs.) If Pap is negative reflex to HPV high risk and if positive then HPV Genotyping 16/18.
- Reflex* HPV High Risk (ASCUS or LSIL Pap results)
- Reflex* HPV High Risk in younger women (21-29 yrs.) with abnormal Pap/biopsy results.

*Co-Testing: Cervical cytology plus the HPV co-test is performed on the same date of service. The result of the HPV test is reported regardless if the Pap has a positive or negative result.
** Reflex: Cervical cytology with reflex HPV testing means if the result of the Pap is ASC-US, then the HPV sample is run by the laboratory. Therefore, the HPV test is dependent on the result of the Pap.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g.,16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (e.g., 16, 18, 31, 45, 51, 52) and high-risk pooled result(s) **New Code 10/1/2024**
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping) **Not Covered Deleted 12/31/2024**

0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV
0096U	Human papillomavirus (HPV), high-risk types (i.e., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) male urine
HCPCS CODE	
G0476	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g.,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
ICD-10 CODES	
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
N87.0-N87.9	Dysplasia of cervix uteri (code range)
Abnormal Cytological Findings	
R87.610-R87.619	Abnormal cytological findings in specimens from cervix uteri (code range)
R87.620-R87.629	Abnormal cytological findings on specimens from vagina (code range)
R87.810-R87.811	High risk human papillomavirus [HPV] DNA test positive from female genital organs (code range)
R87.820-R87.821	Low risk human papillomavirus (HPV) DNA test positive from female genital organs (code range)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 05/27/2016

Date	Explanation & Changes
05/27/2016	• TAWG evaluated HPV testing for primary cervical cancer screening for women under age 30 using the Cobas lab test • Policy created to reflect most current clinical evidence per TAWG
05/09/2017	• Added HCPCS code G0476 & ICD-10 codes Z11.51, Z01.411, Z01.419 per CMS guidelines • Policy created to reflect most current clinical evidence per the Medical Policy Steering Committee
05/25/2020	• Updated Medical Policy • Clarification that a Prior Authorization is required for coverage under the age of 30 and over the age of 65
07/29/2020	• Updated Medical Policy • To allow the HPV Reflex testing (87623, 87624, 87625) for women aged 21-29 and over age 65 years with cervical cytology screening test results reported as ASC-US or LSIL, to not require a prior authorization
10/15/2020	• Corrected documentation, HPV Reflux to HPV Reflex
12/22/2020	• Medical policy placed on the new Paramount Medical Policy Format
02/28/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
03/11/2024	• Medical policy placed on the new Paramount Medical Policy Format
05/01/2024	• Medical policy reviewed and updated to reflect the most current clinical evidence • Added noncovered procedure 0500T
05/01/2025	• Medical Policy reviewed and updated to reflect the most current clinical evidence • Added covered code 87626, effective 1/1/2025 • Added covered code 0502U, effective 10/01/2024 • Removed deleted code 0500T, effective 12/31/2024

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting https://www.cms.gov/medicare/coding/icd10

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/

Hayes, Inc., https://www.hayesinc.com/

American College of Obstetricians and Gynecologists. Practice Advisory: Updated Cervical Cancer Screening Guidelines. Available at: https://www.acog.org/clinical/clinical-guidance/practiceadvisory/articles/2021/04/updated-cervical-cancer-screening-guidelines

Industry Standard Review