

**Policy: MP228**

**Section: Medical Benefit Policy**

**Subject: Human Papillomavirus (HPV) DNA Testing**

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**I. Policy:** Human Papillomavirus (HPV) DNA Testing

**II. Purpose/Objective:**

To provide a policy of coverage regarding Human Papillomavirus (HPV) DNA Testing

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:**

The human papillomavirus (HPV) DNA test is done on a sample of cells collected from the cervix and checks for the genetic material of the human papillomavirus. The test is used to identify whether a high-risk type of HPV (types 16, 18, 31, and 45) is present.

**INDICATIONS:**

1. The assessment of members at any age when a Pap smear detects:
  - Atypical squamous cells of undetermined significance (ASCUS); or
  - Low-grade squamous intraepithelial (LSIL) cells
2. As a cervical cancer screening option when used in combination with a Pap smear or liquid-based cytology in members aged 30 years and older.

**EXCLUSIONS:**

- Use as a primary (stand alone) screening test for cervical cancer
- Use as a primary screening test option in members younger than 30 years of age
- Use when positive cervical cytology has been definitively identified

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**CODING ASSOCIATED WITH: Human Papillomavirus (HPV) DNA Testing**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

- 87624 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)
- 87623 Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
- 87625 Infectious agent detection by nucleic acid (DNA or RNA); 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 (e.g., 16, 18, 31, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test

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**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

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US Preventive Services Task Force. Screening for Cervical Cancer Recommendations and Rationale. <http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm>

American Society of Cytopathology. ASC Statement on New Technologies in Cervical Cytology Screening. <http://www.cytopathology.org/website/article.asp?id=10>

American Cancer Society. Cervical Cancer: Prevention and Early Detection [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6x\\_cervical\\_cancer\\_prevention\\_and\\_early\\_detection\\_8.asp?sitearea=PED](http://www.cancer.org/docroot/CRI/content/CRI_2_6x_cervical_cancer_prevention_and_early_detection_8.asp?sitearea=PED)

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 04/06/09

**Revised:** 7/16 (Gender Language)

**Reviewed:** 05/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16, 4/17, 4/18