

New York State Department of Health

# Cancer Services Program



Your partner for cancer screening, support and information

## Updated Cervical Cancer Screening CSP Reimbursement Guidelines

2018

# CSP Cervical Cancer Screening Reimbursement Guidelines at a Glance

- The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has adopted United States Preventive Services Task Force (USPSTF) updated screening recommendations effective August 2018. This recommendation replaces the 2012 USPSTF recommendation.
- **The major change in the current recommendation is that the USPSTF now recommends screening every 5 years with hrHPV testing alone as an alternative to screening every 3 years with cytology alone among women aged 30 to 65 years. Co-testing in women 30-65 is also an alternative strategy that has demonstrated similar effectiveness, although it may result in more tests and procedures compared with either cytology or hrHPV testing alone. Please note that if a hrHPV test alone is positive for high-risk types, but not type 16 or 18, then a Pap cytology is recommended before any further diagnostic tests are performed.**
- As in the 2012 recommendation, the USPSTF continues to recommend against screening in women younger than 21 years, in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer, and in women who have had a hysterectomy with removal of the cervix and do not have a history of a **high-grade** precancerous lesion or **cervical cancer**.
- The CSP screening policies are focused on the population of women ages 40-64 years, with a continued emphasis on reaching the priority population of women who have never been screened or rarely been screened. The routine screening interval for a negative primary hrHPV test or negative co-testing is 5 years. The population of “rarely screened” can still be a priority if is an interval that is greater than the routine 5 year interval.
- Screening for cervical cancer in women ages 40-64 years with cytology (Pap test) every 3 years OR screening with a combination of cytology and high risk human papillomavirus (hrHPV) testing every 5 years or screening with hrHPV test alone will all be reimbursed.

# CSP Cervical Cancer Screening Reimbursement Guidelines at a Glance (continued)

- No screening for cervical cancer among women ages 65 years or older who have had adequate screening (defined as 3 negative cytology alone or 2 negative hrHPV) in the 10 years preceding their 65<sup>th</sup> birthday, regardless of sexual history and if they are not high risk.
- Women who are considered **high risk** (e.g., HIV positive, immunocompromised or exposed in utero to diethylstilbestrol <DES>) should undergo **annual cytology (Pap) testing**. CSPs are required to report **risk assessed by providers** for clients receiving cervical cancer screening.
- NO cervical cancer screening for women who have had a hysterectomy with the removal of a cervix and who **do not** have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia <CIN> grade 2 or 3) or cervical cancer.
- Women who have a hysterectomy for CIN disease (CIN 2 or 3) should undergo routine cervical cancer screening for 20 years even if it goes past the age of 65. Women with a history of cervical cancer should continue routine screening for as long as they are in reasonable health. Routine screening is recommended every 3 years with cytology after initial post-surgery surveillance.

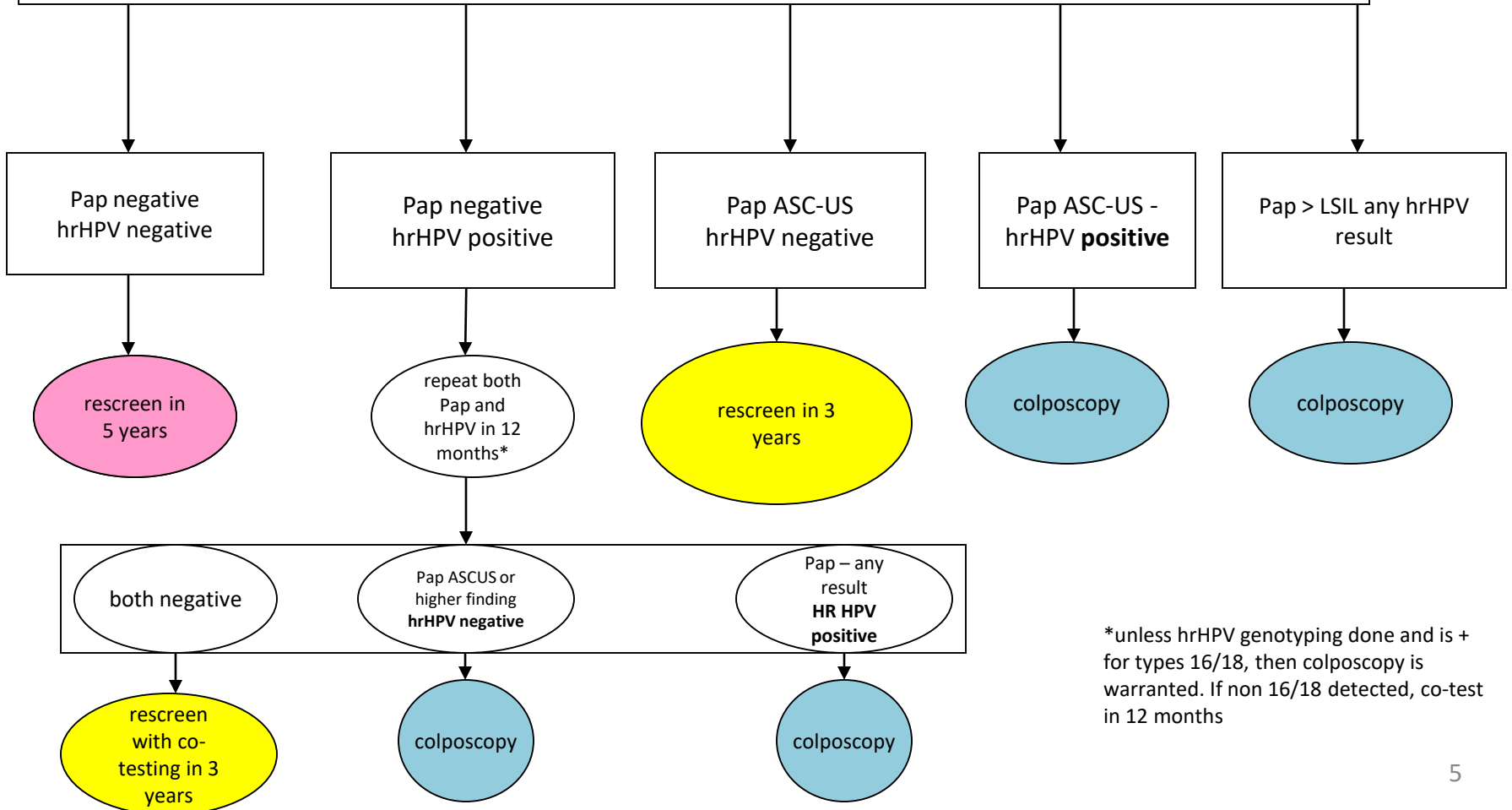
# CSP Cervical Cancer Screening Reimbursement Guidelines at a Glance (continued)

The CSP reimburses for:

- both liquid based cytology and conventional cytology at different rates.
- High risk HPV (hrHPV) testing as co-testing with cytology for screening when done at appropriate intervals. The CSP does not reimburse for low risk HPV testing.
- Repeat of co-testing in one year following a **negative Pap**/positive hrHPV. IF the positive hrHPV test, goes on to further genotyping of HPV types 16/18; a positive for 16/18 would go on to colposcopy and positive for non-16/18 would require co-test in one year.
- hrHPV primary screening when done at appropriate intervals. If hrHPV test is positive and genotyping of HPV types 16/18 is performed; a positive for types 16 or 18 would go on to colposcopy, if non- 16/18 are detected, then a cervical cytology will need to be performed **before** further diagnostic testing.
- Cytology reported as negative but lacking endocervical cells as a negative pap. The client returns to a routine screening interval, no early repeat is required. If no HR HPV done (cytology only), that interval is 3 years. If hrHPV done and negative, then routine co-test interval is 5 years . If hrHPV done and positive, then repeat co-testing in one year.
- A repeat cytology when the first sample is unsatisfactory. Repeat cytology in 2-4 months is recommended (not within 30 days). However, if hrHPV result is negative, then repeat Pap is not necessary.

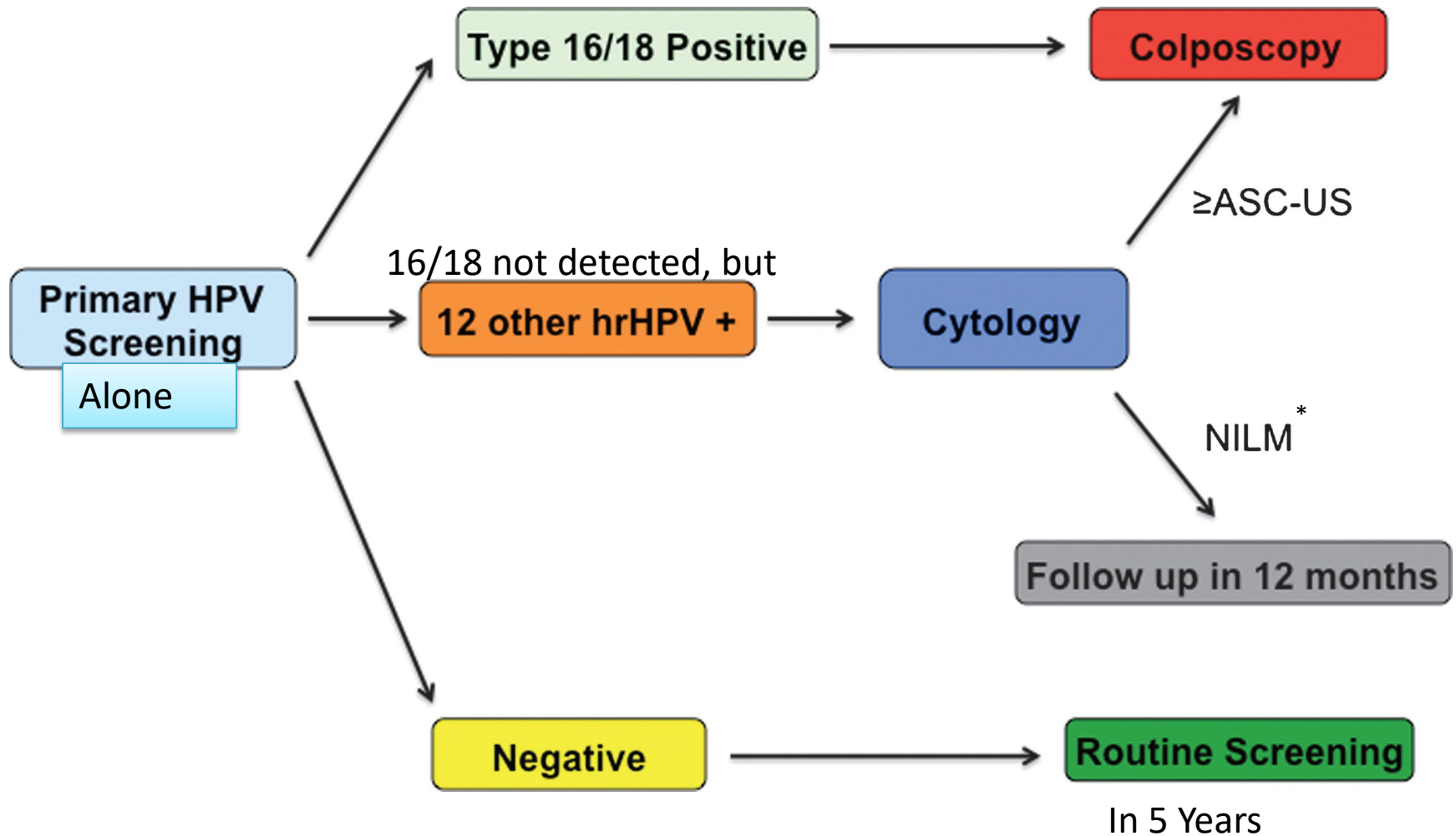
# PAP Cytology Test and hrHPV DNA co-testing (at the same time) for Cervical Cancer Screening

For Women Age 40 – 64 (older only as indicated)



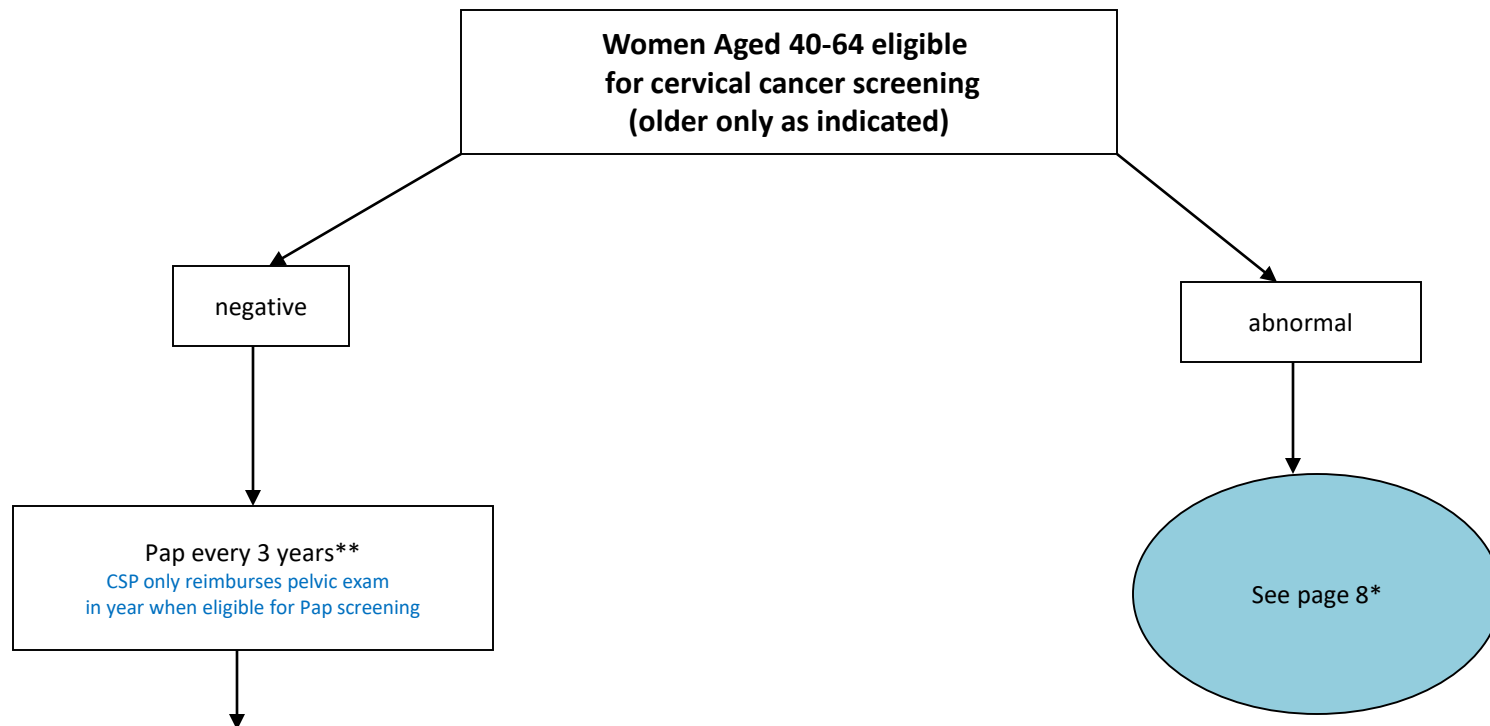
\*unless hrHPV genotyping done and is + for types 16/18, then colposcopy is warranted. If non 16/18 detected, co-test in 12 months

# Primary Screening with hrHPV testing Alone



\*Negative for Intraepithelial Lesion or Malignancy

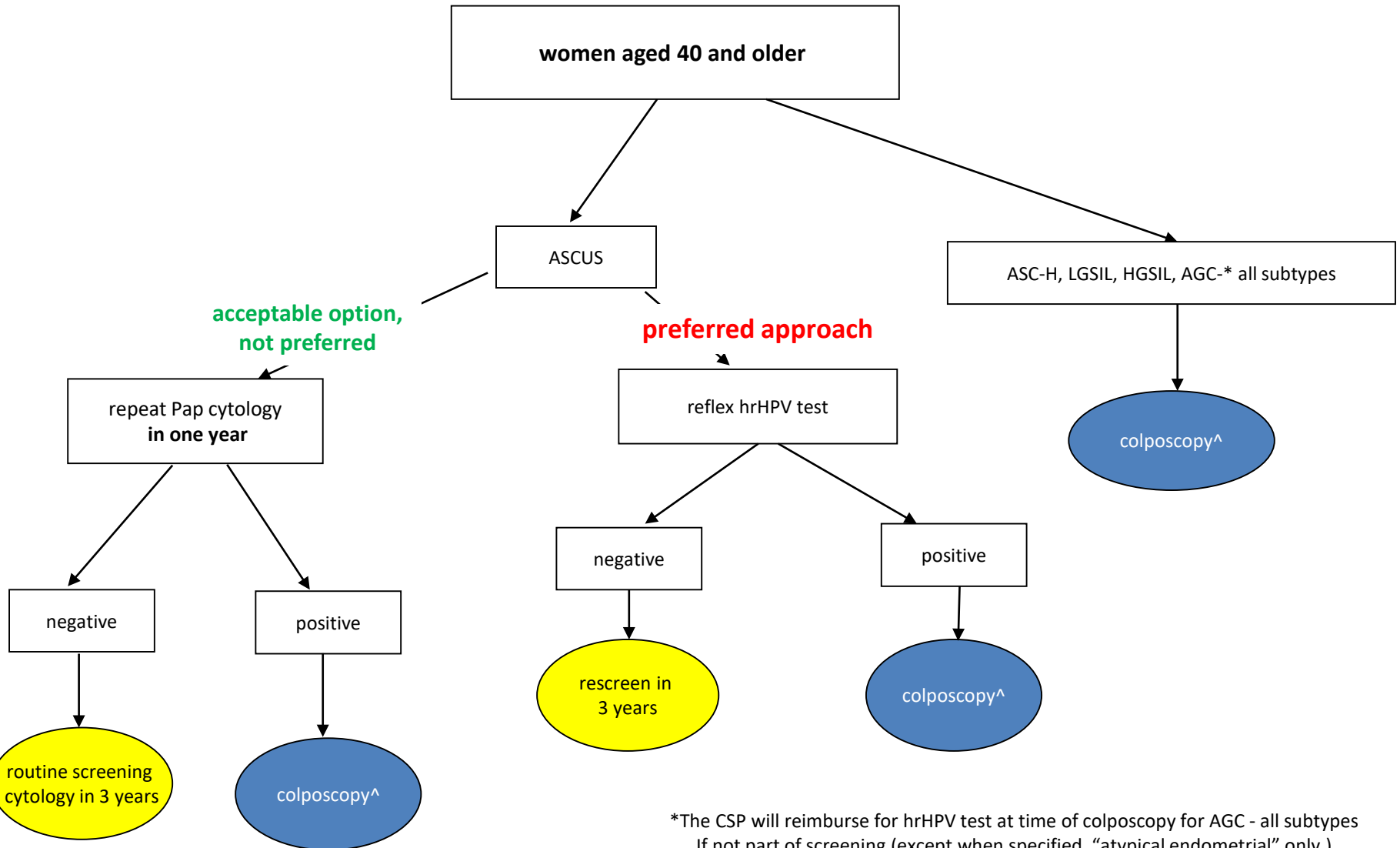
## Pap Cytology Testing Only (conventional or liquid-based) for Cervical Cancer Screening



**\*\*Medical exemption on SIF, exemption for immunocompromised; (i.e. HIV+, organ transplant or DES exposed): annual testing w/ cytology.**  
For those who have history of treatment or regression of CIN2, CIN 3, CIS: routine screening every 3 years for a period of 20 years after initial post-treatment surveillance (2 consecutive negatives @ 6mos then 12 mos).  
For those with treatment of cervical cancer after post-treatment surveillance: routine screening for as long as they are in good health.

\*See the CSP reimbursement algorithms for the management of abnormal Pap.

# PAP Cytology Testing Only For Cervical Cancer Screening with Abnormal Result



\*The CSP will reimburse for hrHPV test at time of colposcopy for AGC - all subtypes  
 If not part of screening (except when specified "atypical endometrial" only.)

^See CSP diagnostic algorithms reimbursement.