

Local Coverage Determination (LCD) for Human Papillomavirus (HPV) Testing (L31871)

Contractor Information

Contractor Name CIGNA Government Services Back to Top	Contractor Number 15102	Contractor Type MAC - Part B
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LCD Information

Document Information

LCD ID Number
L31871

Primary Geographic Jurisdiction
Kentucky

LCD Title
Human Papillomavirus (HPV) Testing

Oversight Region
Region I

Contractor's Determination Number
L29508

Original Determination Effective Date
For services performed on or after 04/30/2011

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Original Determination Ending Date

Revision Effective Date
For services performed on or after 06/18/2011

Revision Ending Date

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(7) excludes routine physical examinations, unless otherwise covered by statute.

Indications and Limitations of Coverage and/or Medical Necessity

Abstract:

Human papillomavirus (HPV) is a virus that infects epithelial cells and can induce a variety of benign and malignant tumors in humans. Most of these infections resolve spontaneously but some progress to a high-grade preinvasive cervical lesion (cervical intraepithelial neoplasia) or cervical cancer. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

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.

Indications:

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).

Limitations:

Screening tests for cervical cancer (PAP testing) are covered by statute (Social Security Act 1861[nn]). HPV testing may not be used for routine screening purposes.

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CIGNA Government Services to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may order Human Papillomavirus (HPV) Testing services as defined by their scope of practice and authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
018x	Hospital - Swing Beds
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient

071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0300	Laboratory - General Classification
0306	Laboratory - Bacteriology & Microbiology
0309	Laboratory - Other Laboratory

**CPT/HCPCS Codes
GroupName**

87621	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE
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ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the ICD-9-CM (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Primary ICD-9 Codes: (If the test result is positive, one of the secondary diagnosis codes listed below should also be reported)

795.00	ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF CERVIX
795.01	PAPANICOLAOU SMEAR OF CERVIX WITH ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE (ASC-US)
795.02	PAPANICOLAOU SMEAR OF CERVIX WITH ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (ASC-H)

Secondary ICD-9 Codes: (indicating a positive test result)

795.05	CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV) DNA TEST POSITIVE
795.15	VAGINAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV) DNA TEST POSITIVE

Diagnoses that Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentations Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The claim must document the need for the test (ICD-9-CM codes 795.0, 795.01, and/or 795.02.). If the test result is positive [e.g.: 795.05 (Cervical high risk human papillomavirus (hpv) dna test positive) or 795.15 (Vaginal high risk human papillomavirus (hpv) dna test positive)], an ICD-9-CM code denoting the test result should also be submitted.

Appendices Not applicable

Utilization Guidelines Not Applicable

Sources of Information and Basis for Decision

Bjerre P, Silfverdal L, Dillner L, et al. A randomized trial of basing treatment on human papillomavirus and/or cytology results in low-grade cervical lesion triage. *American Journal of Obstetrics and Gynecology*. 2008;199:1. MD Consult. Available at: <http://www.mdconsult.com/php/113789666-2/homepage>. Accessed 10/08/2008.

Chustecka Z. HPV-positive head and neck cancer has better response to treatment. *J Natl Cancer Inst*. 2008;100:261-269. Available at: http://www.medscape.com/viewarticle/570211_print. Accessed 03/10/2009.

Diaz M. Human Papilloma Virus – Prevention and Treatment, *Obstetrics and Gynecology Clinics*. June 2008;35:2. Copyright © 2008 WB Saunders Company, MD Consult. Available at: <http://www.mdconsult.com/php/113789666-2/homepage>. Accessed 10/08/2008.

Fakhry C, Westra WH, Li S, et al. Improved survival of patients with human papillomavirus-positive head and neck squamous cell carcinoma in a prospective clinical trial. *J Natl Cancer Inst*. 2008;100:261-269.

Thaker P, Kizer NT, Nguyen T, Zigelboim I, Silsworth J. Discussion: 'Value of HPV testing in follow-up treated high-risk CIN1' by Alonso et al. *American Journal of Obstetrics and Gynecology*. October 2007;197:4. Copyright © 2007 Mosby, Inc. MD Consult. Available at: <http://www.mdconsult.com/php/113789666-2/homepage>. Accessed 10/08/2008.

Thaker P, Kizer NT, Nguyen T, Zigelboim I, Silsworth J. Value of HPV testing in follow-up treated high-risk CIN1: a study by Alonso et al. *American Journal of Obstetrics and Gynecology*. October 2007;197:4. Copyright © 2007 Mosby, Inc. MD Consult. Available at <http://www.mdconsult.com/php/113789666-2/homepage>. Accessed 10/08/2008.

Wright, TC. 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. *American Journal of Obstetrics and Gynecology*. October 2007;197:4. Copyright © 2007 Mosby, Inc. MD Consult. Available at: <http://www.mdconsult.com/php/113789666-2/homepage>. Accessed 10/08/2008.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R1

Revision History Explanation Revision#:R1

Revision Effective date: 06/18/11

Revision Explanation: Added MAC Part B Contractor # 15202 to all MAC Part B Contractor # 15102 LCDs. Contractor 15202 will be part of the Jurisdiction 15 MAC Contract as of June 18, 2011.

This LCD was converted from L29508 for Jurisdiction 15 A/B MAC on 04/30/2011.

All prior notes were retained with the previous carriers version that has been archived in the Medicare Coverage Database.

Reason for Change

Last Reviewed On Date 02/09/2011

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 05/06/2011 with effective dates 06/18/2011 - N/A

Updated on 05/05/2011 with effective dates 06/18/2011 - N/A

Updated on 02/09/2011 with effective dates 04/30/2011 - N/A

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