

	<b>Cervical Cancer Screening</b>	
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Cervical cancer screening detects cervical precancerous lesions and cancer through cytology, human papillomavirus (HPV) testing, and if needed, colposcopy. The principal screening test to detect cancer in asymptomatic individuals with a cervix

is the Papanicolaou (Pap) smear. It involves cells being scraped from the cervix during a pelvic examination and spread onto a slide. The slide is then sent to an accredited laboratory to be stained, observed, and interpreted.

Human papilloma virus (HPV) has been associated with development of cervical intraepithelial neoplasia, and FDA-approved HPV tests detecting the presence of viral DNA from high-risk strains have been developed and validated as an adjunct primary cancer screening method

For additional information on testing for HPV, please refer to AHS-G2157-Diagnostic Testing of Common Sexually Transmitted Infections.

Terms such as male and female are used when necessary to refer to sex assigned at birth.

## Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

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(s)" is specific to individuals with a cervix.

For immunocompromised or immunosuppressed individuals, any one of the following cervical cancer screening techniques **may be reimbursed**:

- Annual cervical cytology testing for individuals of all ages.
- Co-testing (cervical cytology and high-risk HPV [hr-HPV] testing) once every 3 years for individuals 30 years of age or older.

For individuals 21 to 29 years of age, cervical cancer screening once every 3 years using conventional or liquid based Papanicolaou (Pap) smears **may be reimbursed**.

For individuals 30 to 65 years of age, any one of the following cervical cancer screening techniques **may be reimbursed**:

- Conventional or liquid based Pap smear once every 3 years.
- Cervical cancer screening using the hr-HPV test alone once every 5 years.
- Co-testing (cytology with concurrent hr-HPV testing) once every 5 years.

For individuals who are over 65 years of age and who are considered high-risk (individuals with a high-grade precancerous lesion or cervical cancer, individuals with in utero exposure to diethylstilbestrol/DES), cervical cancer screening at the frequency described in reimbursement criterion 3 **may be reimbursed**.

For individuals who are pooled hr-HPV positive, nucleic acid testing for high-risk strains HPV-16 and HPV-18 **may be reimbursed**.

For individuals 65 years of age or younger, annual cervical cancer screening by Pap smear or HPV testing **may be reimbursed in the following situations**:

- For individuals who had a previous cervical cancer screen with an abnormal cytology result and/or who was positive for HPV.
- For individuals at high risk for cervical cancer (organ transplant, exposure to the drug DES).

For all situations not addressed above, cervical cancer screening (cervical cytology, HPV testing) for individuals less than 21 years of age is not reimbursable.

For individuals over 65 years of age who are not immunocompromised, immunosuppressed, or who are not considered high risk for developing cervical cancer (i.e. had abnormal cytology or previously tested positive for hr-HPV). Routine cervical cancer screening **may not be reimbursed**.

For individuals who have undergone surgical removal of the uterus and cervix and who have no history of cervical cancer or precancer, cervical cancer screening (at any age) **may not be reimbursed**.

Testing for low-risk HPV **may not be reimbursed**.

For cervical cancer screening, all other technologies not discussed above may not be reimbursed.

Coding	
Code	Description
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) types 16 and 18 only, includes type 45 if performed
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision

88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
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 Proprietary test: QuantiVirus™ HPV E6/E7 mRNA Test for Cervical Cancer Lab/Manufacturer: DiaCarta, Inc
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening
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
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

**References and Resources**

Avalon Medical Policy AHS – G2002 – Cervical Cancer Screening

**Related Documents**

Avalon Medical Policy AHS- G2157 Diagnostic Testing of Common Sexually Transmitted Infections

Avalon Medical Policy AHC – G2155 Diagnosis of Vaginitis

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	07/01/2025	Initial version
002	10/01/2025	Avalon Quarterly update