

CPT® codes: 87623, 87624, 87625, 87626, 88141

Age or Risk Factor Criteria	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria in the Following Situations
Immunocompromised or Immunosuppressed Individuals	Any one of the following cervical cancer screening techniques: a) Annual cervical cytology testing for individuals of all ages b) Co-testing (cervical cytology and high-risk HPV [hr-HPV] testing) once every 3 years for individuals 30 years of age or older	—
Individuals 21–29 Years of Age	Cervical cancer screening once every 3 years using conventional or liquid-based Papanicolaou (Pap) smears	—
Individuals 30–65 Years of Age	Any one of the following cervical cancer screening techniques a) Conventional or liquid-based Pap smear once every 3 years b) Cervical cancer screening using the hr-HPV test alone once every 5 years c) Co-testing (cytology with concurrent hr-HPV testing) once every 5 years	—
Individuals Over 65 – High Risk	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 within utero exposure to diethylstilbestrol (DES)), cervical cancer screening at the frequency described in coverage criterion above.	—
hr-HPV Positive Individuals	For individuals who are pooled hr-HPV positive, nucleic acid testing for high-risk strains HPV-16 and HPV-18.	—
Annual Screening for Individuals ≤65 With Specific Risk	For individuals 65 years of age or younger, annual cervical cancer screening by Pap smear or hr-HPV testing in any of the following situations: a) For individuals who had a previous cervical cancer screen with an abnormal cytology result and/or who was positive for HPV b) For individuals at high-risk for cervical cancer (organ transplant, exposure to the drug DES)	—

See Page 2 for age and risk factor criteria that does not meet coverage criteria.

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Age or Risk Factor Criteria	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria in the Following Situations
Individuals <21	—	For all situations not addressed above, cervical cancer screening (ie, cervical cytology, hr-HPV testing) for individuals less than 21 years of age
Individuals >65 Not High-Risk	—	For individuals over 65 years of age who are not immunocompromised, immunosuppressed, or who are not considered high-risk for developing cervical cancer (ie, had abnormal cytology or previously tested positive for hr-HPV), routine cervical cancer screening
Post-Hysterectomy	—	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)
Low-Risk HPV Testing	—	Testing for low-risk HPV
All Other Technologies	—	The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness. For cervical cancer screening, all other technologies not discussed above

To view the complete policy, please refer to the Presbyterian Health Plan policy document referenced below:

https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028382

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