Quest Diagnostics®



Age- and risk-based Smart Codes

simplify test orders for cervical cancer and STI screening

Patients coming to your office for cervical cancer screening may also be at risk for sexually transmitted infections (STIs)

Smart Codes follow current guidelines[1-3]

Quest Diagnostics Smart Codes make it easy to order both the cervical cancer screening and STI tests that cover your patients' needs

Selecting the right code based on her needs

HPV DNA Smart Codes
Age- and risk-based screening protocols

Cervical cancer screening and average risk for STIs (CT/NG)[1,2]

When cervical cancer screening is the main reason for the visit, and your patient does not have any of the symptoms or at-risk behavior for STIs, **choose code 20453.** Guidelines recommend annual screening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* (CT/NG) in all sexually active women younger than 25 years.[2]

Tests included

Ages (years)	**20453** **Automated Pap,[a] cervical, with age-based screen, HPV DNA**
< 21	• Automated Pap (ThinPrep® or SurePath™)
21–24	• Automated Pap (ThinPrep® or SurePath™) • High-risk HPV DNA (16, 18, Other High Risk) (if Pap is ASC-US) • CT/NG
25–29	• Automated Pap (ThinPrep® or SurePath™) • High-risk HPV DNA (16, 18, or other high risk) (if Pap is ASC-US or LSIL)
30–65	• Automated Pap (ThinPrep® or SurePath™) • High-risk HPV DNA (16, 18, or other high risk) **(Pap and HPV together as co-testing)**
65+	• Automated Pap (ThinPrep® or SurePath™)

Components of panels can be ordered separately. See components for HPV DNA Smart Codes on next page.

For all 3 Smart Codes, if a patient is over age 65: Routine cervical cancer screening may be discontinued if the patient has had adequate negative prior screening and is not otherwise at high risk.[b]

History of CIN 2, CIN 3, or adenocarcinoma in situ (AIS): Continue surveillance with HPV testing or co-testing at 3-year intervals for at least 25 years after treatment and initial post-treatment management, even if this extends beyond age 65.[4]

[a] ACOG recommendations do not specify a particular type of Pap test. Both imaged and nonimaged Pap tests are acceptable under the recommendations. Information on nonimaged Pap tests can be found at QuestDiagnostics.com/TestDirectory.

[b] Adequate negative prior screening is defined as 3 consecutive negative cytology results or 2 consecutive negative co-tests within the previous 10 years, with the most recent cytology test within 3 years or co-test within 5 years.

Age- and risk-based screening protocols

Cervical cancer screening and high risk for STIs (CT/NG/Trich)[1-3]

When your patient needs routine cervical cancer screening, and has symptoms or is at risk for an STI due to a partner's behavior, **choose 20519** or **20454**.

Tests included

Ages (years)	**20519** **Automated Pap,[a] cervical, with age-based screen, HPV DNA, CT/NG, Trichomonas**	**20454** **Automated Pap[a] cervical, with age-based screen, HPV DNA with CT/NG**
<21	• Same as 20453, plus CT/NG and *Trichomonas*	• Same as 20453, plus CT/NG (guidelines recommend annual CT/NG screening for all sexually active women younger than 25 years[5])
21–24	• Same as 20453, plus *Trichomonas*	• Same as 20453
25–29	• Same as 20453, plus CT/NG and *Trichomonas*	• Same as 20453, plus CT/NG (guidelines recommend CT/NG screening for women 25 and older when they are at increased risk[6])
30–65	• Same as 20453, plus CT/NG and *Trichomonas*	• Same as 20453, plus CT/NG (guidelines recommend CT/NG screening for women 25 and older when they are at increased risk[6])
65+	• Same as 20453, plus CT/NG and *Trichomonas*	• Same as 20453, plus CT/NG (guidelines recommend CT/NG screening for women 25 and older when they are at increased risk[6])

Components of panels can be ordered separately.

Components for HPV DNA Smart Codes
ThinPrep Automated Pap (58315); SurePath™ Imaging Pap (18810); ThinPrep Automated Pap, reflex HPV DNA (when ASC-US) (18316); SurePath Automated Pap, reflex HPV DNA (when ASC-US) (18326); ThinPrep Automated Pap, reflex HPV mRNA (when ASCUS) (90934); SurePath Automated Pap, reflex HPV mRNA (when ASCUS) (18811); ThinPrep Automated Pap, reflex HPV DNA (when ASCUS or LSIL) (20451); SurePath Automated Pap, reflex HPV DNA (when ASCUS or LSIL) (20452); ThinPrep Automated Pap, reflex HPV mRNA (when ASCUS or LSIL) (20449); SurePath Automated Pap, reflex HPV mRNA (when ASCUS or LSIL) (20450); ThinPrep Automated Pap and HPV DNA (18313); SurePath Automated Pap and HPV DNA (18315); ThinPrep Automated Pap and HPV mRNA, reflex Genotyping (Pap -, HPV +) (91414); SurePath Automated Pap and HPV mRNA, reflex Genotyping (Pap -, HPV +) (18829); HPV DNA (16, 18, 12 Other High Risk), PCR, Cervical (14264); ThinPrep HPV mRNA E6/E7 (90887); SurePath HPV mRNA E6/E7 (92203); ThinPrep HPV Genotypes 16, 18/45 (91862); SurePath HPV Genotypes 16, 18/45 (92393); *Chlamydia/Neisseria gonorrhoeae* RNA, TMA, Urogenital (11363); *Trichomonas vaginalis* RNA, Qualitative, TMA, Pap Vial (90521)

Quest Diagnostics Smart Codes may not represent all of the possible screening options in published guidelines. Please contact your Quest Diagnostics representative for information on additional Pap and HPV testing options from Quest.

For all 3 Smart Codes, if a patient is over age 65: Routine cervical cancer screening may be discontinued if the patient has had adequate negative prior screening and is not otherwise at high risk.[b]

History of CIN 2, CIN 3, or adenocarcinoma in situ (AIS): Continue surveillance with HPV testing or co-testing at 3-year intervals for at least 25 years after treatment and initial post-treatment management, even if this extends beyond age 65.[4]

[a] ACOG recommendations do not specify a particular type of Pap test. Both imaged and nonimaged Pap tests are acceptable under the recommendations. Information on nonimaged Pap tests can be found at QuestDiagnostics.com/TestDirectory.

[b] Adequate negative prior screening is defined as 3 consecutive negative cytology results or 2 consecutive negative co-tests within the previous 10 years, with the most recent cytology test within 3 years or co-test within 5 years.

STI risk factors for women age 25 and older include[2-3]:

- New sex partner
- More than one sex partner
- Sex partner with concurrent partners
- Sex partner who has an STI
- Inconsistent condom use when not in a mutually monogamous relationship
- Previous or coexisting STI
- History of exchanging sex for money or drugs
- History of incarceration

HPV mRNA Smart Codes

Cervical cancer screening and average risk for STIs (CT/NG)[1,2]

When cervical cancer screening is the main reason for the visit, and your patient does not have any of the symptoms or at-risk behavior for STIs, **choose code 91384.** Guidelines recommend annual screening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* (CT/NG) in all sexually active women younger than 25 years.[2]

Tests included

Ages (years)	**91384** **Automated Pap[a] with age-based screening protocols**
<21	• Image-guided Pap (ThinPrep® or SurePath™)
21–24	• Image-guided Pap (ThinPrep® or SurePath™) • CT/NG • HPV mRNA (if Pap is ASC-US)
25–29	• Image-guided Pap (ThinPrep® or SurePath™) • HPV mRNA (if Pap is ASC-US or LSIL) **(Pap and HPV together as co-testing)**
30–65	• Image-guided Pap (ThinPrep® or SurePath™) • HPV mRNA • HPV genotyping 16, 18/45 (when Pap is normal and HPV is detected)
65+	• Image-guided Pap (ThinPrep® or SurePath™)

Components of panels can be ordered separately

Components for HPV mRNA Smart Codes
ThinPrep Image-guided Pap (test code 58315), SurePath™ Imaging Pap (test code 18810), HPV mRNA E6/E7 (test code 90887), HPV Genotypes 16, 18/45 (test code 91826), *Trichomonas vaginalis* RNA, Qualitative, TMA, Pap Vial (test code 90521), *Chlamydia trachomatis* RNA, TMA, Urogenital (test code 11361), *Neisseria gonorrhoeae* RNA, TMA, Urogenital (test code 11362), *Chlamydia trachomatis/Neisseria* gonorrhoeae RNA, TMA, Urogenital (test code 11363)
Quest Diagnostics Smart Codes may not represent all of the possible screening options in published guidelines. Please contact your Quest Diagnostics representative for information on additional Pap and HPV testing options from Quest.

For all 3 Smart Codes, if a patient is over age 65: Routine cervical cancer screening may be discontinued if the patient has had adequate negative prior screening and is not otherwise at high risk.[b]

History of CIN 2, CIN 3, or adenocarcinoma in situ (AIS): Continue surveillance with HPV testing or co-testing at 3-year intervals for at least 25 years after treatment and initial post-treatment management, even if this extends beyond age 65.[4]

[a] ACOG recommendations do not specify a particular type of Pap test. Both imaged and nonimaged Pap tests are acceptable under the recommendations. Information on nonimaged Pap tests can be found at QuestDiagnostics.com/TestDirectory.

[b] Adequate negative prior screening is defined as 3 consecutive negative cytology results or 2 consecutive negative co-tests within the previous 10 years, with the most recent cytology test within 3 years or co-test within 5 years.

HPV mRNA Smart Codes (continued)

Cervical cancer screening and high risk for STIs (CT/NG/Trich)[1,2]

When your patient needs routine cervical cancer screening, and has symptoms or is at risk for an STI due to a partner's behavior, **choose 91386 or 91385**.

Ages (years)	**91386** Automated Pap[a] with age-based screening with CT/NG, Trichomonas	**91385** Automated Pap[a] with age-based screening with CT/NG
<21	• Same as 91384, plus CT/NG and *Trichomonas*	• Same as 91384, plus CT/NG (guidelines recommend annual CT/NG screening for all sexually active women younger than 25 years[5])
21–24	• Same as 91384, plus *Trichomonas*	• Same as 91384
25–29	• Same as 91384, plus CT/NG and *Trichomonas*	• Same as 91384, plus CT/NG (recommend CT/NG screening for women 25 and older when they are at increased risk[6])
30–65	• Same as 91384, plus CT/NG and *Trichomonas*	• Same as 91384, plus CT/NG (recommend CT/NG screening for women 25 and older when they are at increased risk[6])
65+	• Same as 91384, plus CT/NG and *Trichomonas*	• Same as 91384, plus CT/NG (guidelines recommend CT/NG screening for women 25 and older when they are at increased risk[6])

Components of panels can be ordered separately

Components for HPV mRNA Smart Codes
ThinPrep Image-guided Pap (test code 58315), SurePath™ Imaging Pap (test code 18810), HPV mRNA E6/E7 (test code 90887), HPV Genotypes 16, 18/45 (test code 91826), *Trichomonas vaginalis* RNA, Qualitative, TMA, Pap Vial (test code 90521), *Chlamydia trachomatis* RNA, TMA, Urogenital (test code 11361), *Neisseria gonorrhoeae* RNA, TMA, Urogenital (test code 11362), *Chlamydia trachomatis/Neisseria* gonorrhoeae RNA, TMA, Urogenital (test code 11363)
Quest Diagnostics Smart Codes may not represent all of the possible screening options in published guidelines. Please contact your Quest Diagnostics representative for information on additional Pap and HPV testing options from Quest.

For all 3 Smart Codes, if a patient is over age 65: Routine cervical cancer screening may be discontinued if the patient has had adequate negative prior screening and is not otherwise at high risk.[b]

History of CIN 2, CIN 3, or adenocarcinoma in situ (AIS): Continue surveillance with HPV testing or co-testing at 3-year intervals for at least 25 years after treatment and initial post-treatment management, even if this extends beyond age 65.[4]

[a] ACOG recommendations do not specify a particular type of Pap test. Both imaged and nonimaged Pap tests are acceptable under the recommendations. Information on nonimaged Pap tests can be found at QuestDiagnostics.com/TestDirectory.

[b] Adequate negative prior screening is defined as 3 consecutive negative cytology results or 2 consecutive negative co-tests within the previous 10 years, with the most recent cytology test within 3 years or co-test within 5 years.

Explore our innovative women's health solutions at
QuestWomensHealth.com

Screening for cervical cancer and STIs, simplified

Smart Codes from Quest are part of our innovative approach to simplifying the ordering and testing experience so you can provide the care she needs.

Tailored testing approaches—primary HPV screening, co-testing with Pap and HPV, and patient self-collection for HPV DNA—to match your clinical workflow

Quanum® solutions that help you order tests and make **data-driven decisions**

Interfaces with **1,000+ EHR systems**

Smart Codes **make it easy** to order appropriate guidelines-based screening for your patients

Quest is **in-network** with the majority of health plans nationwide

Rapid test results that **patients can access** through MyQuest®

2,400 Patient Service Centers with simple **online scheduling** and **shorter wait times**

For more information on Quest test codes and ordering information, visit TestDirectory.QuestDiagnostics.com

For the most recently published cervical cancer screening recommendations, visit: **QuestSmartCodes.com**

References

1. ACOG. Screening for cervical cancer. Committee Statement No. 28. July 2026. Accessed September 3, 2026. https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/07/screening-for-cervical-cancer
2. CDC. Screening recommendations and considerations referenced in treatment guidelines and original sources. Sexually transmitted infections treatment guidelines, 2021. Reviewed March 22, 2024. Accessed September 3, 2026.https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm
3. Women's Preventive Services Initiative. Recommendations for well-woman care—a well-woman chart. 2026. Accessed September 3, 2026. https://www.womenspreventivehealth.org/wellwomanchart/
4. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. *J Low Genit Tract Dis*. 2020;24(2):102-131. doi:10.1097/LGT.0000000000000525
5. CDC. Adolescents. Sexually transmitted infections treatment guidelines, 2021. Reviewed July 22, 2021. Accessed September 3, 2026. https://www.cdc.gov/std/treatment-guidelines/adolescents.htm
6. CDC. STI screening recommendations. Sexually transmitted infections treatment guidelines, 2021. Reviewed March 22, 2024. Accessed September 3, 2026. https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm.

Test codes may vary by location. Please contact your local laboratory for more information.

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