

Local Coverage Determination (LCD): Human Papillomavirus (HPV) Testing (L34089)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information

Document Information

LCD ID

L34089

Original Effective Date

For services performed on or after 10/01/2015

Original ICD-9 LCD ID

[L31871](#)

Revision Effective Date

For services performed on or after 10/01/2015

LCD Title

Human Papillomavirus (HPV) Testing

Revision Ending Date

N/A

Proposed LCD in Comment Period

N/A

Retirement Date

N/A

Source Proposed LCD

N/A

Notice Period Start Date

N/A

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Notice Period End Date

N/A

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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.

Coverage Guidance

Coverage Indications, Limitations, 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 CGS Administrators LLC 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.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

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.

CODE	DESCRIPTION
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.

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

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES (EG, 6, 11, 42, 43, 44)
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-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-10 Codes: (If the test result is positive, one of the secondary diagnosis codes listed below should also be reported)

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
R87.619	Unspecified abnormal cytological findings in specimens from cervix uteri

Group 2 Paragraph:

Secondary ICD-10 Codes: (indicating a positive test result)

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
R87.810	Cervical high risk human papillomavirus (HPV) DNA test positive

ICD-10 CODE	DESCRIPTION
R87.811	Vaginal high risk human papillomavirus (HPV) DNA test positive

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

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-10-CM codes R87.619, R87.610-R87.611). If the test result is positive [e.g.: R87.810(Cervical high risk human papillomavirus (hpv) dna test positive) or R87.811(Vaginal high risk human papillomavirus (hpv) dna test positive)], an ICD-10-CM code denoting the test result should also be submitted.

Not applicable

Not Applicable

Sources of Information

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R5	<p>R5</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made at this time.</p> <p><i>03/12/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2015	R4	<p>R4</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made at this time.</p> <p><i>03/28/2018:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R3	R3 Revision Effective: N/A Revision Explanation: Annual review no changes made at this time.	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2015	R2	R2 Revision Effective: N/A Revision Explanation: annual review no changes made at this time.	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2015	R1	revision#: R1 Revision Effective:10/01/2015 Revision Explanation:CPT code 87621 was deleted during the annual code change and replaces with 87623 and 87624.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Public Version(s)

Updated on 03/12/2019 with effective dates 10/01/2015 - N/A

Updated on 03/28/2018 with effective dates 10/01/2015 - N/A

Updated on 03/30/2017 with effective dates 10/01/2015 - N/A

Updated on 03/29/2016 with effective dates 10/01/2015 - N/A

Updated on 12/26/2014 with effective dates 10/01/2015 - N/A

Updated on 03/17/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A