

# SCREENING FOR CERVICAL CANCER WITH HUMAN PAPILLOMAVIRUS (HPV) (NCD 210.2.1)

Guideline Number: MPG358.05

Approval Date: May 13, 2020

[Terms and Conditions](#) ⓘ

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## Related Medicare Advantage Coverage Summary

- [Preventive Health Services and Procedures](#)

## POLICY SUMMARY

See [Purpose](#) ⓘ

CMS has determined that the evidence is sufficient to add Human Papillomavirus (HPV) testing once every five years as an additional preventive service benefit under the Medicare program for asymptomatic members aged 30 to 65 years in conjunction with the Pap smear test.

## APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
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

Bill Type	Description
12X	Hospital inpatient Part B
13X	Hospital outpatient
14X	Non-patient laboratory specimens / hospital other Part B
22X	SNF inpatient Part B
23X	SNF outpatient
85X	Outpatient lab services / critical access hospital

Place of Service Code	Description
11	Office
81	Independent lab

ICD-10 Diagnosis Code	Description
<b>Primary</b>	
Z11.51	Encounter for screening for human papillomavirus (HPV)

ICD-10 Diagnosis Code	Description
<b>Secondary</b>	
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings

## DEFINITIONS

**HPV:** Human Papillomavirus

## PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## REFERENCES

### CMS National Coverage Determinations (NCDs)

[NCD 210.2.1 Screening for Cervical Cancer with Human Papillomavirus \(HPV\)](#)

Reference NCDs: [NCD 190.2 Diagnostic Pap Smears](#); [NCD 210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer](#)

### CMS Claims Processing Manual

[Chapter 18; § 30.2.1 Screening for Cervical Cancer with Human Papillomavirus Testing](#)

### CMS Transmittals

[Transmittal 189, Change Request 9434, Dated 02/05/2016 \(Screening for Cervical Cancer with Human Papillomavirus \(HPV\) Testing—National Coverage Determination \(NCD\)\)](#)

[Transmittal 3460, Change Request 9434, Dated 02/05/2016 \(Screening for Cervical Cancer with Human Papillomavirus \(HPV\) Testing—National Coverage Determination \(NCD\)\)](#)

[Transmittal 3522, Change Request 9606, Dated 05/13/2016 \(Update to Internet-Only-Manual Publication 100-04, Chapter 18, Section 30.6\)](#)

[Transmittal 3615, Change Request 9778, Dated 09/23/2016 \(Update to Hepatitis B Deductible and Coinsurance and Screening Pap Smears Claims Processing Information\)](#)

### MLN Matters

[Article MM9434, Screening for Cervical Cancer with Human Papillomavirus \(HPV\) Testing—National Coverage Determination \(NCD\) 210.2.1](#)

[Article MM9778, Update to Hepatitis B Deductible and Coinsurance and Screening Pap Smears Claims Processing Information](#)

### Others

[Cervical Cancer: Screening, Recommendation Summary, U.S. Preventive Services Task Force Website Medicare Preventive Services, ICN 006559, March 2020](#)

## GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
05/13/2020	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version MPG358.04</li> </ul>

## TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).