Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Laboratory: Cervical Cancer Screening

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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 the Diagnostic Testing of Common Sexually Transmitted Infections policy.

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

Indications and/or Limitations of Coverage

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.

1. For immunocompromised or immunosuppressed individuals, any one of the following cervical cancer screening techniques **MEETS COVERAGE CRITERIA**:
   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.
2. For individuals 21 to 29 years of age, cervical cancer screening once every 3 years using conventional or liquid-based Papanicolaou (Pap) smears **MEETS COVERAGE CRITERIA**.
3. For individuals 30 to 65 years of age, any one of the following cervical cancer screening techniques **MEETS COVERAGE CRITERIA**:
   a. Conventional or liquid-based Pap smear once every 3 years.
   b. Cervical cancer screening using the ~~high-risk HPV~~[hr-HPV] test alone once every 5 years.
   c. Co-testing (cytology with concurrent ~~high-risk HPV~~ [hr-HPV] testing) once every 5 years.

4. 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 coverage criterion 3 **MEETS COVERAGE CRITERIA**.
5. For individuals who are ~~HPV~~ pooled hr-HPV positive ~~and cytology negative~~, nucleic acid testing for high-risk strains HPV-16 and HPV-18 **MEETS COVERAGE CRITERIA**.
6. For individuals 65 years of age or younger, annual cervical cancer screening by Pap smear or ~~HPV~~ hr-HPV testing **MEETS COVERAGE CRITERIA** 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).
7. For all situations not addressed above, cervical cancer screening (i.e.,cervical cytology, ~~HPV~~ hr-HPV testing) for individuals less than 21 years of age **DOES NOT MEET COVERAGE CRITERIA**.
8. For individuals over 65 years of age who are not immunocompromised, immunosuppressed, or who are not considered high-risk ~~and who have an adequate screening history,~~ for developing cervical cancer (i.e., had abnormal cytology or previously tested positive for hr-HPV) routine cervical cancer screening **DOES NOT MEET COVERAGE CRITERIA**.
   ~~Adequate screening history is defined as either:~~
   ~~a. Having three consecutive negative Pap smears.~~
   ~~b. Having two consecutive negative HPV tests within 10 years before cessation of screening, with the most recent test occurring within 5 years.~~
9. For individuals who have undergone surgical removal of the uterus and cervix and who have no history of cervical cancer or pre~~-~~cancer, cervical cancer screening (at any age) **DOES NOT MEET COVERAGE CRITERIA**.
~~9.~~10. Testing for low-risk HPV **DOES NOT MEET COVERAGE CRITERIA.**

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.

~~10. The following **DO NOT MEET COVERAGE CRITERIA**:~~
   ~~a. Inclusion of low-risk strains of HPV in co-testing.~~
   a. ~~Other technologies for cervical cancer screening.~~
   b. 11. For cervical cancer screening, all other technologies not discussed above **DO NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

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) pooled result
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), separately reported high-risk types (e.g., 16, 18, 31, 45, 51, 52) and high-risk pooled result(s) (Effective for DOS beginning June 1, 2026)
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

Code	Description
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
~~0500T~~	~~Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping)~~
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

Evidence-based Scientific References

1. Feldman S, Goodman A, Peipert J. Screening for cervical cancer in resource-rich settings. Updated January 29, 2025. https://www.uptodate.com/contents/screening-for-cervical-cancer-in-resource-rich-settings
2. Feldman S, Crum C. Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing. Updated October 30, 2024. https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing
3. ACS. Key Statistics for Cervical Cancer. American Cancer Society, Inc. Updated January 16, 2025. https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html
4. William R Robinson. Screening for Cervical Cancer in Resource-Risk Settings. Updated Januray 9,2025 https://www.uptodate.com/contents/screening-for-cervical-cancer-in-resource-rich-settings
5. Fontham ETH, Wolf AMD, Church TR, et al. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. CA Cancer J Clin. Sep 2020;70(5):321-346. doi:10.3322/caac.21628
6. William R Robinson. Screening for cervical cancer in patients with HIV infection and other immunocompromised states. Updated October 4, 2024. https://www.uptodate.com/contents/screening-for-cervical-cancer-in-patients-with-hiv-infection-and-other-immunocompromised-states

7. Health T. Teal WandTM for At-Home Cervical Cancer Screening. https://www.getteal.com/teal-wand
8. Crane L, Jennings A, Fitzpatrick MB, et al. Experiences and Preferences Reported with an At-Home Self-Collection Device Compared with In-Clinic Speculum-Based Cervical Cancer Screening in the United States. Women's Health Reports. 2025/01/01 2025;6(1):564-575. doi:10.1089/whr.2025.0017
9. Marchand L, Mundt M, Klein G, Agarwal SC. Optimal collection technique and devices for a quality pap smear. WMJ : official publication of the State Medical Society of Wisconsin. Aug 2005;104(6):51-5.
10. Mendez K, Romaguera J, Ortiz AP, Lopez M, Steinau M, Unger ER. Urine-based human papillomavirus DNA testing as a screening tool for cervical cancer in high-risk women. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. Feb 2014;124(2):151-5. doi:10.1016/j.ijgo.2013.07.036
11. Pathak N, Dodds J, Zamora J, Khan K. Accuracy of urinary human papillomavirus testing for presence of cervical HPV: systematic review and meta-analysis. BMJ (Clinical research ed). Sep 16 2014;349:g5264. doi:10.1136/bmj.g5264
12. NCI. Cervical Cancer Screening (PDQ®)–Health Professional Version. National Institutes of Health. Updated April 21, 2023. https://www.cancer.gov/types/cervical/hp/cervical-screening-pdq
13. Sabeena S, Kuriakose S, Binesh D, et al. The Utility of Urine-Based Sampling for Cervical Cancer Screening in Low-Resource Settings. Asian Pac J Cancer Prev. Aug 1 2019;20(8):2409-2413. doi:10.31557/apjcp.2019.20.8.2409
14. NCCN. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines(R)) - Cervical Cancer Version 3.2025. Updated February 10, 2025. https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
15. Sasieni P, Castanon A, Cuzick J. Screening and adenocarcinoma of the cervix. International journal of cancer. Aug 1 2009;125(3):525-9. doi:10.1002/ijc.24410
16. Dahlstrom LA, Ylitalo N, Sundstrom K, et al. Prospective study of human papillomavirus and risk of cervical adenocarcinoma. International journal of cancer. Oct 15 2010;127(8):1923-30. doi:10.1002/ijc.25408
17. Chen HC, Schiffman M, Lin CY, et al. Persistence of type-specific human papillomavirus infection and increased long-term risk of cervical cancer. Journal of the National Cancer Institute. Sep 21 2011;103(18):1387-96. doi:10.1093/jnci/djr283
18. Ogilvie GS, van Niekerk D, Krajden M, et al. Effect of Screening With Primary Cervical HPV Testing vs Cytology Testing on High-grade Cervical Intraepithelial Neoplasia at 48 Months: The HPV FOCAL Randomized Clinical Trial. Jama. Jul 3 2018;320(1):43-52. doi:10.1001/jama.2018.7464
19. Massad LS. Replacing the Pap Test With Screening Based on Human Papillomavirus Assays. Jama. Jul 3 2018;320(1):35-37. doi:10.1001/jama.2018.7911
20. Melnikow J, Henderson JT, Burda BU, Senger CA, Durbin S, Weyrich MS. Screening for Cervical Cancer With High-Risk Human Papillomavirus Testing: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. Jama. Aug 21 2018;320(7):687-705. doi:10.1001/jama.2018.10400
21. Bonde JH, Sandri MT, Gary DS, Andrews JC. Clinical Utility of Human Papillomavirus Genotyping in Cervical Cancer Screening: A Systematic Review. J Low Genit Tract Dis. Jan 2020;24(1):1-13. doi:10.1097/lgt.0000000000000494
22. Pry JM, Manasyan A, Kapambwe S, et al. Cervical cancer screening outcomes in Zambia, 2010-19: a cohort study. Lancet Glob Health. Jun 2021;9(6):e832-e840. doi:10.1016/s2214-109x(21)00062-0
23. Dilley S, Huh W, Blechter B, Rositch AF. It's time to re-evaluate cervical Cancer screening after age 65. Gynecol Oncol. Jul 2021;162(1):200-202. doi:10.1016/j.ygyno.2021.04.027
24. Qin J, Holt HK, Richards TB, Saraiya M, Sawaya GF. Use Trends and Recent Expenditures for Cervical Cancer Screening-Associated Services in Medicare Fee-for-Service Beneficiaries Older Than 65 Years. JAMA Intern Med. Jan 1 2023;183(1):11-20. doi:10.1001/jamainternmed.2022.5261
25. Winer RL, Lin J, Anderson ML, et al. Strategies to Increase Cervical Cancer Screening With Mailed Human Papillomavirus Self-Sampling Kits: A Randomized Clinical Trial. Jama. Nov 28 2023;330(20):1971-1981. doi:10.1001/jama.2023.21471
26. USPSTF. Screening for Cervical Cancer: US Preventive Services Task Force Recommendation StatementUSPSTF Recommendation: Screening for Cervical CancerUSPSTF Recommendation: Scr
27. 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. Apr 2020;24(2):102-131. doi:10.1097/LGT.0000000000000525
28. Moscicki AB, Flowers L, Huchko MJ, et al. Guidelines for Cervical Cancer Screening in Immunosuppressed Women Without HIV Infection. J Low Genit Tract Dis. Apr 2019;23(2):87-101. doi:10.1097/lgt.0000000000000468
29. Wentzensen N, Massad LS, Clarke MA, et al. Self-Collected Vaginal Specimens for HPV Testing: Recommendations From the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee. J Low Genit Tract Dis. Apr 1 2025;29(2):144-152. doi:10.1097/lgt.0000000000000885
30. Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. J Low Genit Tract Dis. Apr 2015;19(2):91-6. doi:10.1097/lgt.0000000000000103
31. ACOG. Updated Cervical Cancer Screening Guidelines. Updated April 12, 2021. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines
32. ACOG. Updated Guidelines for Management of Cervical Cancer Screening Abnormalities. Updated October 9, 2020. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities
33. EASC. Guidlines Version 12.0. https://www.eacsociety.org/guidelines/eacs-guidelines/

34. HHS. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV. Updated July 9, 2024. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/human
35. CDC. HPV-Associated Cancers and Precancers. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/hpv-cancer.htm
36. AAFP. Choosing Wisely Recommendations. https://www.aafp.org/pubs/afp/collections/choosing-wisely/28.html
37. Shastri SS, Temin S, Almonte M, et al. Secondary Prevention of Cervical Cancer: ASCO Resource-Stratified Guideline Update. JCO Glob Oncol. Sep 2022;8:e2200217. doi:10.1200/GO.22.00217
38. FDA. BD ONCLARITY HPV ASSAY. https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601
39. FDA. PMA Monthly approvals from 7/1/2018 to 7/31/2018. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?ID=409848
40. Rice SL, Editor. Cobas HPV test approved for first-line screening using SurePath preservative fluid. CAP Today. August 2018.
41. FDA. Cobas HPV For Use On The Cobas 6800/8800 Systems. https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=448383

Publication History

04/01/2026: Annual review: administrative edits; added code 87626, effective for DOS beginning June 1, 2026
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.