

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Human Papilloma Virus Testing
INDEX TITLE: Medical Management
ORIGINAL DATE: November 2006

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
OH ()		WV ()		PA ()	All (X)
HMO (X)		PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)
PID-CHIP:					
Free ()		Sub ()		Full ()	
APPLICABLE TO:					
Community Care ()			Work Partners ()		

I. POLICY

It is the policy of UPMC Health Plan to recognize the value of new technology in the diagnosis and management of disorders associated with Genotype testing. Information derived from this type of DNA analysis answers many questions which often cannot be answered by conventional pathology evaluation.

Cervical cancer screening by testing for the Human Papilloma Virus (HPV) is recognized as truly differentiating abnormal cytology results from normal results, thus helping to focus on members who are at risk and in need of further management. This screening is also based on the member's individual benefit plan.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the appropriate indications for HPV testing.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration, Claims and Quality Audit Departments.

V. PROCEDURE

A. Medical Description/Background

Traditional Pap tests have helped physicians detect abnormal cells before they become cancerous, but the technique is not perfect. The Pap test sometimes detects atypical squamous cells of undetermined significance (ASC-US) or low-grade squamous intraepithelial lesions (LSIL) - mild abnormalities that are usually transient but could signal precancerous cells. Without the ability to identify the small proportion of lesions that will become cancerous, these results can lead to unnecessary patient anxiety, further diagnostic procedures (e.g. colposcopy), and treatment.

HPV has been associated with the development of cervical intraepithelial neoplasia (CIN) that can then progress to invasive cervical cancer. About 30 of the 70 different genotypes of HPV have thus far been identified to infect the cervix. Researchers have been able to classify each of these 30 genotypes into low, intermediate, and high-risk categories, based on the risk for progression to cervical cancer. HPV is present in about 81% of patients with cervical neoplasia and in almost 100% of patients with cervical cancer. However, studies have also shown that 90% of younger women who test positive for HPV tend to resolve within 2 years with no progression to cancer.

Studies show that abnormal pap tests which are also HPV positive are more likely to be associated with abnormal colposcopic exams than abnormal pap tests that are HPV negative. Women with normal Pap tests results and no HPV infection are at a very low risk for developing cervical cancer.

HPV testing is not intended to substitute for regular routine pap tests (cytology) screening for cervical cancer. Nor is it intended to screen for women under 30 who have normal pap tests. Although the rate of HPV infection in this sexually active younger age group is high, most infections are short-lived and resolve in a couple of years, and have not been shown to be associated with cervical cancer.

B. Indications

1. HPV DNA testing is considered medically necessary for assessment of women 21 years of age and older with atypical squamous cells of undetermined significance (ASC-US). **IF HPV test is positive** – recommend colposcopy. **IF HPV test is negative** – re-screen with Pap in 1 year as a second HPV test is not medically necessary in these cases.

2. The use of a combination Pap test and HPV screening is considered medically necessary for screening women aged 30 years and older.
 - **If both tests are negative**, then rescreening with HPV and Pap test should only be done in 3 years. Automatic rescreening with HPV and Pap test in 1 year is not medically necessary. Rescreening with HPV before 3 years will not be covered
 - **If the Pap test is negative and HPV test is positive**, then rescreen the member with Pap and HPV tests in 1 year.
 - **If subsequent Pap and HPV are both negative**, rescreen at 3 years.
 - **If subsequent Pap is ASCUS and HPV is negative, then rescreen with Pap and HPV in 1 year.**
 - **If subsequent Pap is greater than ASCUS and HPV is negative, proceed to colposcopy.**
 - **If any Pap result and HPV are positive, proceed to colposcopy.**
3. Women 21 years of age and older diagnosed with CIN 1 preceded by ASCUS, ASC-H (atypical squamous cells: can't exclude high-grade) or LSIL may be managed with either HPV testing at 12 months **OR Pap tests** at 6 and 12 months.
 - **If there is one negative HPV test at 12 months or two negative Pap tests**, then return to routine follow-up.
 - **If follow-up HPV testing is positive** or follow-up cytology at 6 or 12 months is greater than or equal to ASCUS, then colposcopy is recommended.
4. HPV testing at 6-12 months can be used in the post treatment management of women 21 years and older who have been diagnosed with CIN 2/3.
 - If HPV testing is negative, the patient should return to annual screening,
 - If HPV testing is positive, the patient should undergo a colposcopy.
5. In women 21 years and older with atypical endocervical, endometrial, or glandular cells NOS, HPV DNA testing is preferred at the time of colposcopy (if not already performed).

C. Limitations

1. HPV testing is not indicated:
 - In adolescents (20 years of age and younger), due to the high rate of spontaneous clearing of HPV infection in this age group
 - Testing is not of value post hysterectomy for a benign condition.

D. Variations

N/A

E. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

F. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

G. References

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