

New York State Department of Health

Cancer Services Program



Your partner for cancer screening, support and information

Updated Cervical Cancer Screening
CSP Reimbursement Guidelines

May, 2013

CSP Cervical Cancer Screening Reimbursement Guidelines* at a Glance

- **The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has adopted United States Preventive Services Task Force (USPSTF) updated screening recommendations effective July 1, 2012. The New York State CSP is required to make every effort (e.g. public education, provider education, system changes and surveillance) to ensure that women are not screened more frequently than indicated and are encouraged to implement these new policies.**
- The CSP screening policies are focused on the population of women ages 40-64 years, with a continued emphasis on reaching the priority population of women who have never or rarely been screened.
- Screening for cervical cancer in women ages 40-64 years with cytology (Pap test) every 3 years OR screening with a combination of cytology and high risk human papillomavirus (HR HPV) testing every 5 years.
- No screening for cervical cancer among women ages 65 years or older who have had adequate screening (defined as 3 negative cytology alone or 2 negative HR HPV) in the 10 years preceding their 65th birthday, regardless of sexual history and if they are not high risk (see next slide).

*reflects USPSTF and ACS, ASCCP, ASCP March 2012 Guidelines and ASCCP 2012 Updated Consensus Guidelines , published March 2013.

CSP Cervical Cancer Screening Reimbursement Guidelines* at a Glance (continued)

- Women who are considered high risk (e.g., HIV positive, immunocompromised or exposed in utero to diethylstilbestrol <DES>) should undergo annual cytology (Pap) testing.
- NO cervical cancer screening for women who have had a hysterectomy with the removal of a cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia <CIN> grade 2 or 3) or cervical cancer.
- Women who have a hysterectomy for CIN disease (CIN 2 or 3) should undergo routine cervical cancer screening for 20 years even if it goes past the age of 65. Women with a history of cervical cancer should continue routine screening for as long as they are in reasonable health. Routine screening is recommended every 3 years with cytology after initial post-surgery surveillance.

*reflects USPSTF and ACS, ASCCP, ASCP March 2012 Guidelines and ASCCP 2012 Updated Consensus Guidelines , published March 2013.

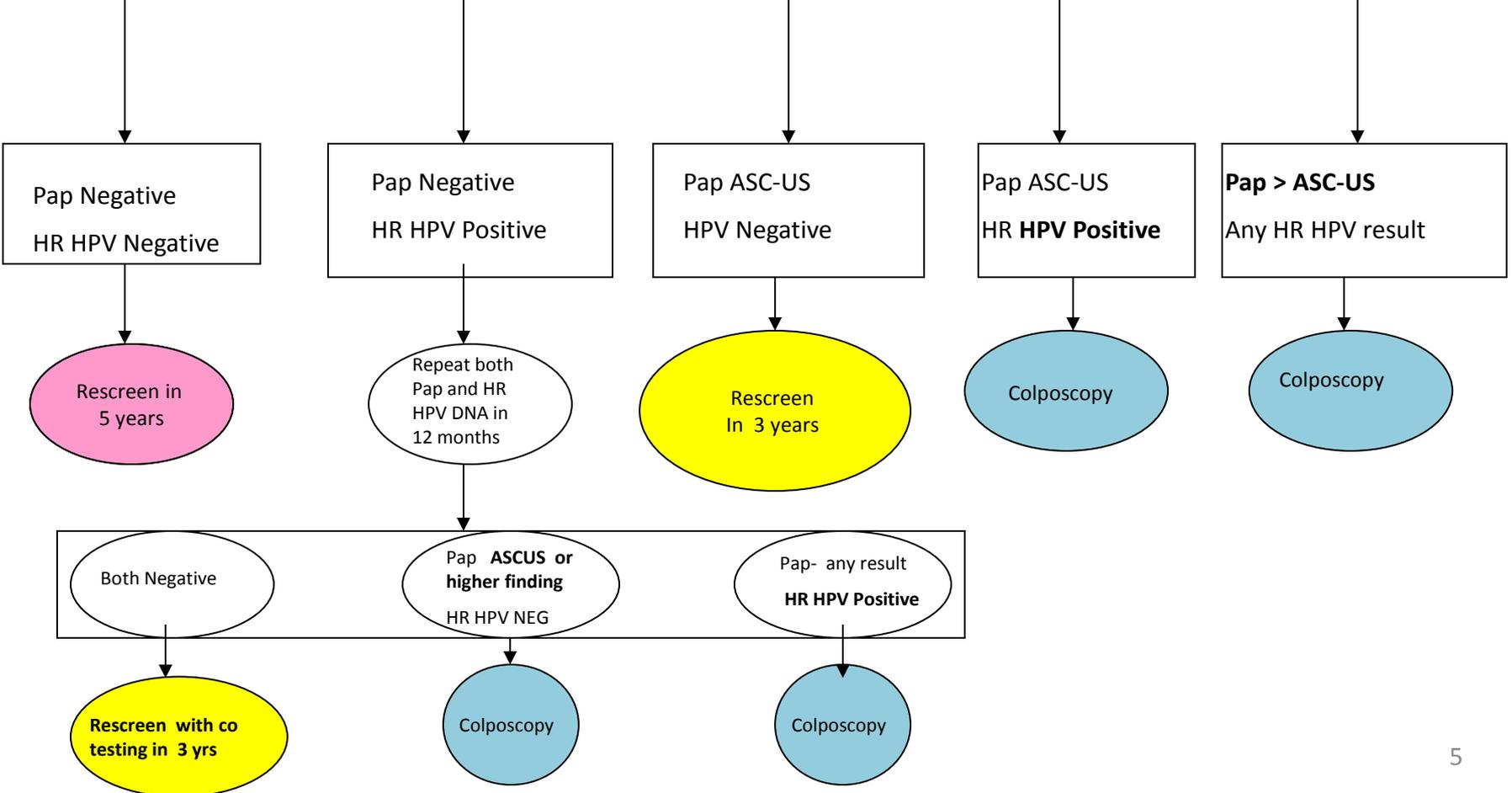
CSP Cervical Cancer Screening Reimbursement Guidelines*at a Glance (continued)

- The CSP reimburses for both liquid based cytology and conventional cytology at different rates.
- The CSP reimburses for HR HPV testing as co-testing with cytology for screening when done at appropriate intervals. The CSP does not reimburse for low risk HPV testing.
- The CSP reimburses for repeat of co-testing in one year following a negative Pap/ positive HR HPV. The CSP does not reimburse for HPV genotyping following a negative pap/positive HR HPV.
- The CSP reimburses for cytology reported as negative but lacking endocervical cells as a negative pap. The client returns to a routine screening interval, no early repeat is required. If no HR HPV done (cytology only), that interval is 3 years. If HR HPV done and negative , then routine co-test interval is 5 years . If HR HPV done and positive, then repeat co-testing in one year.
- The CSP reimburses for a repeat cytology when the first sample is unsatisfactory, regardless of HR HPV result. Repeat cytology in 2-4 months is recommended (not within 30 days).

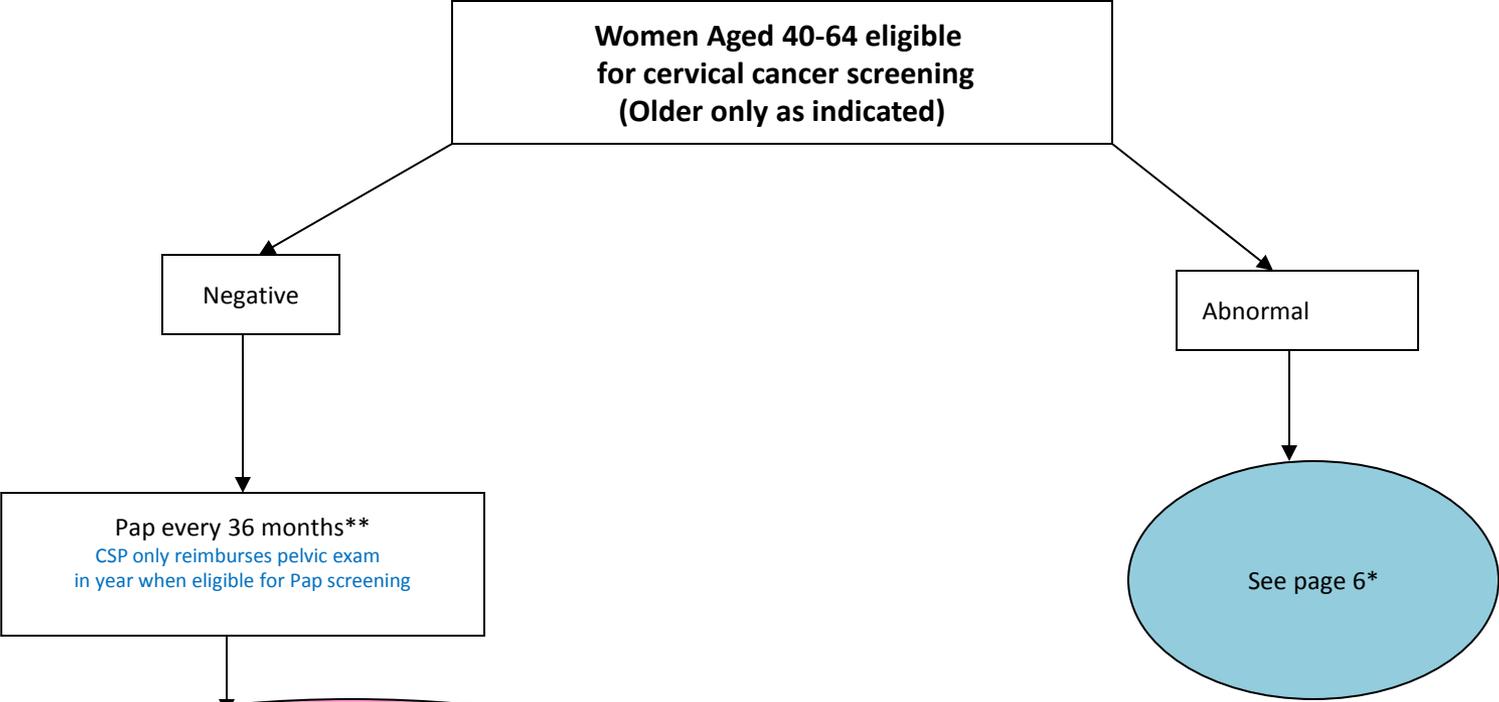
*reflects USPSTF and ACS, ASCCP, ASCP March 2012 Guidelines and ASCCP 2012 Updated Consensus Guidelines , published March 2013.

PAP Cytology Test and HR HPV DNA Test (at the same time) for Cervical Cancer Screening

For Women Age 40 – 64 (older only as indicated)



PAP Cytology Testing Only (Conventional or Liquid based) For Cervical Cancer Screening



*The CSP will issue new reimbursement algorithms for the management of abnormal Pap.

**PAP Cytology Testing Only
 For Cervical Cancer Screening with Abnormal Result**

Women Aged 40 and older

ASCUS

ASC-H, LGSIL, HGSIL, AGC-* all subtypes-

Acceptable option,
 not preferred

Preferred Approach

Repeat Pap cytology
 in one year

Reflex HR-HPV DNA test
 (on CSP FF)

Colposcopy^

Negative

Positive

Negative

Positive

Routine screening
 Cytology in 3 years

Colposcopy^

Rescreen in
 3 years

Colposcopy^

*The CSP will reimburse for HR HPV DNA test at time of colposcopy for AGC- all subtypes
 If not part of screening (except when specified "atypical endometrial" only.)
 ^See CSP Diagnostic Algorithms Reimbursement .