Ask Dr. Miller

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The following questions were posed by NBCCEDP recipients:

Question #1: Does CDC protocol require clients to undergo Pap testing at the same time of self-collection HPV testing?

Answer: CDC does not make protocols for self-collection HPV testing. Recipients should follow USPSTF or ASCCP recommendations. Primary HPV testing is a cervical cancer screening option that is preferred and includes both clinician-collected and self-collected samples. Pap testing is NOT required when screening with primary HPV testing. Based on the primary HPV testing result, a client may be required to subsequently undergo follow-up (reflex) Pap testing.

Question #2: We have nurses who do home visits and are willing to do self-collection HPV testing during their visit. The nurses would be responsible for sending the samples to the lab and would receive a copy of the results. Could we do this through the NBCCEDP?

Answer: By FDA guidelines, the test has to be ordered by a provider. Providers have to make an assessment and order the self-collection HPV test if appropriate. Therefore, the nurses cannot just give anyone a self-collection test during a home visit. If the nurses are able to follow the instructions related to timing of sample getting to lab or putting the sample into the solution as instructed, this could possibly be considered an extension of the clinic and covered through the NBCCEDP. This would have to be looked at very closely and details worked out with the clinic and lab.

Question #3: We have a client who had a hysterectomy 15-20 years ago that was not related to cervical cancer or precancerous changes. The client was unsure if she had a cervix, so we scheduled her for an office visit to determine if her cervix was present. Upon examination, the cervix was noted to be absent. However, the provider is recommending that the patient return

for Pap and HPV testing of the vaginal cuff due to a history of positive HPV results 3 years ago. Can our program pay for surveillance screening of the vaginal cuff?

Answer: No. This would not be related to cervical cancer screening or follow-up. She could have HPV, but that would be related to possible vaginal cancer which unfortunately is not covered through the NBCCEDP. The patient would only qualify for vaginal cuff surveillance screening through our program if she previously had precancerous changes or cancer of her cervix at the time of her hysterectomy. HPV infection can cause cervical, vaginal, vulva, anal, and oropharyngeal cancer in women.

Question #4: What is the guidance regarding reimbursement for HPV self-collection testing? We follow the approved CPT codes for HPV testing (CPT 87624 for "Detection of high-risk HPV types" and CPT 87625 for "Detection of high-risk types with additional genotyping"). Our understanding is that 87624 is billed initially, and if the result is positive and reflex testing is performed, then 87625 may be billed. However, the BD Onclarity performs both high-risk HPV detection and extended genotyping simultaneously. AMA has assigned the CPT code 87626 for this test. CMS reimbursement fee for 87626 appears to be approximately equal to the combined reimbursement for 87624 and 87625. For BD Onclarity, can the program reimburse for both 87624 and 87625 together, as 87626 is not a current NBCCEDP reimbursable code?

Answer: CPT 87626 is an allowable CPT code for NBCCEDP. It was added to CDC's list in January 2025. Therefore, you should reimburse for BD Onclarity using CPT code 87626.

Question #5: Can we purchase HPV self-collection kits for cervical cancer screening to be used for at-home collection (in the case of a mail campaign) or for screening during a visit at a mobile mammography or mobile health clinic van coupled with other services? We understand that we can pay for the processing of the kits. We are planning a pilot project for HPV self-collection.

Answer: Yes, you can purchase the kits but only for patients enrolled in the NBCCEDP. You must be able to track the use of kits plus work with the clinic and patients to make sure the kits are returned. In addition, there is only one kit (Teal Wand) that is FDA approved for at-home use currently. It is not a test that you would be able to mail to patients as it is controlled through that company's primary care network where patients must complete an eligibility questionnaire and a virtual visit. The other two FDA approved self-collection tests are currently not approved for at-home use. Current FDA guidance also states that a provider must order the self-collection HPV test for each patient. Women who are high risk should not be screened with HPV self-collection testing. These nuances must be considered when planning your pilot project.