HPV & CERVICAL CANCER
POLICY & LEGISLATIVE TOOLKIT, 3RD EDITION

FAST FACTS: PAYER & REIMBURSEMENT STRATEGIES

HPV Vaccine

- Medicaid: Many state Medicaid programs cover the HPV vaccine, though this coverage varies by state. Information on coverage can be found through the state’s Medicaid office.

- Medicare: Typically, the HPV vaccine is covered under Medicare Part D, though coverage may vary. More information can be found through the state’s Medicare office.

- Private Insurers: Many large health insurance providers cover the HPV vaccine, but because there may be a lag time after a vaccine is recommended but before it is added to an insurance plan, some private insurers may not cover the vaccine. Therefore, individuals should be encouraged to check with their insurance provider to determine if the HPV vaccine will be covered.

- Uninsured: For uninsured children through the age of 18 years, the Vaccines for Children (VFC) program helps families of eligible children who might not otherwise have access to vaccines, such as the HPV vaccine, by providing vaccinations at no cost to doctors who serve eligible children.

- Children younger than 19 years of age are eligible for VFC vaccines if they are Medicaid-eligible, American Indian, or Alaskan Native and have no health insurance.

- Underinsured children who have health insurance that does not cover vaccination can receive VFC vaccines through Federally Qualified Health Centers (FQHC) or Rural Health Centers.

Diagnostics & Screening

Pap Tests

- Medicaid: By statute or agency policy, Medicaid or public assistance programs in all 50 states and the District of Columbia cover screening for cervical cancer either routinely or on a doctor's recommendation. More information on coverage is available through each state's Medicaid office.
Medicare: Medicare Part B covers Pap tests and pelvic exams once every 24 months for all eligible women or once every 12 months for eligible women at high risk for cervical or vaginal cancer or for women of childbearing age who have had an abnormal Pap test in the past 36 months. Individuals covered by Medicare pay nothing for the lab Pap test, Pap test specimen collection, and pelvic exam, if the doctor accepts the assignment.

Medicaid: Though payment through Medicaid may differ state-to-state; in general, the Medicaid payment cannot exceed the Medicare amount for the HPV test. Individuals should be encouraged to check with their state's Medicaid program to determine coverage.

Medicare: Medicare covers medically necessary lab tests and is likely to cover recommended diagnostic HPV testing, though coverage may be subject to restrictions.

Private Insurers: Private insurers set their own payment amounts, and their beneficiaries may be required to make copayments and cover any additional potential costs. Individuals should be encouraged to check their insurance plan information to determine coverage.

Changes Under the Affordable Care Act (ACA)

As of August 1, 2012, women who are 30 or older have access to free, high-risk HPV DNA testing every three years, regardless of Pap smear results.

As a result of the ACA, new private plans must cover the full cost of recommended vaccines, including the HPV vaccine for males and females.
The National Breast & Cervical Cancer Early Detection Program (NBCCEDP)

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is a federally funded program that assists uninsured and impoverished women in getting regular Pap tests. The program is available to eligible women ages 18 to 64. More information can be found on the CDC/NBCCEDP’s website.

Since 1991, NBCCEDP-funded programs have served more than 4.2 million women, provided more than 10.4 million breast and cervical cancer screening examinations, and diagnosed more than 54,276 breast cancers, 3,113 invasive cervical cancers, and 144,460 premalignant cervical lesions, of which 41 percent are high-grade. Approximately 12.5 percent of NBCCEDP-eligible women aged 40–64 years are screened for breast cancer and 8.5 percent of eligible women aged 18–64 years are screened for cervical cancer through the program.


- In 2011, the NBCCEDP screened 283,312 women for cervical cancer, detecting 4,695 cervical cancers and high-grade precancerous lesions.
  

- The number of people who have been served by the program continues to be well below the number who are projected to be eligible. For example, from 2007 to 2009, 783,000 women received cervical cancer screening services, or 18 percent of the estimated 4.5 million expected to be eligible.
  
  

- With respect to insurance expansions expected under the ACA, recent analysis by George Washington University estimates that the ACA would reduce the number of low-income uninsured 18 to 64 year old women eligible for cervical cancer screening under the NBCCEDP by 60 percent to 4.5 million women.
  
  

- Federal funding for the NBCCEDP has not kept pace with inflation. In 2011, $255 million were authorized for the NBCCEDP, with $185.3 million appropriated (inflation adjusted in FY2005 dollars).
  
  

- Less than one in five eligible women are able to get screened through the program. Due to lack of funding, women are being put on waiting lists, and even being turned away by clinics.
  
A study conducted by the George Washington University shows that even if the same number of women are screened in 2014 as are being screened today, every eligible woman still will not be able to get screened due to lack of funding.


Typical Private Payer Reimbursement

Private insurance companies develop specific strategies by which they address coverage for cervical cancer prevention and screening. As screening and prevention recommendations evolve, so do the reimbursements options and criteria. Individuals should be encouraged to check with their provider to determine extent of coverage.

- For women ages 21 and older, most private insurance companies cover routine Pap smears as well as follow-up of women with atypical squamous cells of undetermined significance (ASCUS), low-grade squamous intra-epithelial lesions (LSIL), high-grade squamous intra-epithelial lesions (ASC-H), and atypical glandular cells not otherwise specified (AGC NOS).

- While private insurers set their own payment amounts, many group health plans and individual health policies are now required to pay for human papillomavirus testing in women with normal cytology results beginning at age 30, with no patient cost-sharing (i.e., no deductible, copayment, or coinsurance). Some plans are exempted from this requirement so the provider should check with the patient's insurer for details.

- After the age of 30, many insurance companies also cover routine testing for the HPV virus. Testing for the HPV virus, combined with Pap test, is recommended every five years in this age group.

- Diagnostic Pap tests (colposcopy or biopsy) are typically considered medically necessary for women with Pap tests accompanied by a diagnoses of malignancy of the female genital tract; women with abnormal vaginal bleeding or discharge, chronic cervicitis, or vaginal tumor; follow-up after gynecological surgery for cancer, exposure to diethylstilbestrol (DES); or history of cervical, vagina, or vulvar cancer; HIV infection; history of genital HPV infection; multiple sexual partners; immunosuppression; previously abnormal Pap test; or previously sexually transmitted disease.

- Most private insurers do not cover HPV testing in the following scenarios:
  - Use as a primary screening test for cervical cancer in women younger than 30 years of age.
  - Testing for HPV in men and use in girls and women less than 21 years of age.
  - For testing members with definitely positive cervical cytology, other than follow-up of women with ASC-H, LSIL, or AGC NOS and native colposcopy.
  - Use for indications other than the detection of cervical cancer.
• Both Gardasil® and Cervarix® are typically considered medically necessary by most private insurers to prevent cervical cancer caused by HPV types 16 and 18 in girls and women ages 9 to 26 years.
• Many major insurers are beginning to cover Gardasil® for protection against HPV types 6, 11, 16, and 18 in males ages 9 to 26 years.

Reimbursement Strategies from the States – HPV DNA Test

Many states cover all types of HPV testing, including ‘low-risk’ HPV tests. However, ‘low-risk’ HPV testing is outside the scope of recent national guidelines, which suggest testing for ‘high-risk’ HPV only, as there is no role for testing ‘low-risk’ genotypes.

Medicaid programs in most states do not yet restrict HPV testing but numerous women’s breast and cervical cancer programs do maintain restrictions, restricting HPV testing to only high-risk HPV tests, and specifically disallowing reimbursement of testing for low-risk HPV genotypes.

Below are several examples from various states or programs:

• **Arkansas**: Arkansas’ BreastCare Program only reimburses high-risk HPV DNA panels, using HPV DNA high risk testing. Providers must specify the high-risk HPV DNA panel, and reimbursement of screening for low-risk genotypes of HPV is not covered by BreastCare. However, Arkansas Medicaid does not appear to have the same restrictions on HPV testing for Medicaid recipients.

• **Kentucky**: The Kentucky Women’s Cancer Screening Program (“KWCSP”) covers only certain HPV tests. The program states that providers should specify the high-risk HPV DNA panel only, as reimbursement of screening for low-risk HPV types is not permitted. There appears to be no such limitation, however, on HPV tests covered under general Kentucky Medicaid.

• **North Dakota**: Women’s Way, which is the North Dakota breast and cervical cancer early detection program, reimburses for high-risk HPV testing only and as such, providers should specify the high-risk HPV DNA panel only. No such limitation on HPV testing appears to exist for North Dakota Medicaid.

• **Rhode Island**: Rhode Island Women’s Cancer Screening Program (“WCSP”) provides reimbursement for HPV testing of High Risk Types of HPV only. However, Rhode Island Medicaid does not appear to have the same restrictions on HPV testing for Medicaid recipients.

• **Vermont**: The Vermont Ladies First program covers certain HPV tests for women age 30 years or older. The program states that providers should specify the high-risk HPV-DNA panel only; reimbursement of screening for low-risk HPV types is not permitted.