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**\*\*\*REMINDER\*\*\***

**Maine CDC Breast and Cervical Health Program (MBCHP) HPV Reimbursement Policy**

To: MBCHP Primary Care Provider (PCP) Service Locations

SUBJECT: Cervical Cancer Screening Co-testing

MBCHP has documented an increase in claims for Pap testing with HPV (co-testing). This increase is what we were hoping to see after our 1 January 2013 change in policy allowing for HPV (CPT 88621) reimbursement when conducted in conjunction with a Pap test.

In January 2013, MBCHP updated the MBCHP Visit Form Part 2 to include a space for recording results of the HPV test.

Update to Visit Form Part 2:

**HPV High-Risk Results:**  
 Positive  
 Negative  
 Test not done

We also included under "Plan" a reminder of the USPSTF recommended screening interval:

Update to Visit Form Part 2:

**Plan:**  Next routine screening (cytology alone=3 yrs.)(co-testing=5 yrs.) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Short-Term Follow-Up is recommended and will be due \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**\*\*Immediate consultation/diagnostic testing required: Diagnostic Provider: \_\_\_\_\_**

We made the changes to aid you in reporting Pap/HPV results to MBCHP if you currently use MBCHP Visit Form Part 2. The new form (*Revised January 2013*) can be downloaded here: <http://www.maine.gov/dhhs/mecdc/population-health/bcp/documents/visitform-Jan2013.pdf> .

If you currently send us the cytology report from the laboratory in lieu of Visit Form Part 2, please continue this practice.

If you have questions about this notice, please contact Eric N. Spear at 207-287-4101 or email [Eric.N.Spear@Maine.gov](mailto:Eric.N.Spear@Maine.gov). You can also find more information on our website: <http://www.maine.gov/dhhs/mecdc/population-health/bcp/asccp.htm>