



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

April 24, 2014

Patrick Conway, MD
Deputy Administrator for Innovation & Quality
CMS Chief Medical Officer
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Conway:

On behalf of the American Academy of Family Physicians (AAFP), which represents 110,600 family physicians and medical students nationwide, I am writing to advocate that Medicare update its coverage of screening for cervical cancer, for women age 30 to 65 years who want to lengthen the screening interval, to include screening with a combination of cytology (Pap smear) and human papillomavirus (HPV) testing every 5 years, consistent with clinical recommendations of the United States Preventive Services Task Force (USPSTF) and AAFP.

It is our understanding that Medicare covers a screening Pap test under Part B for all female beneficiaries when a doctor of medicine or osteopathy or other authorized non-physician practitioner (i.e., a certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist), who is authorized under state law to perform the examination, orders and collects the test under one of the following conditions:

Covered once every 12 months:

- There is evidence (on the basis of her medical history or other findings) that the woman is in one of the high risk categories for developing cervical or vaginal cancer or has other specified personal history presenting hazards to health, or
- An examination indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years in a woman of childbearing age.

Covered once every 24 months:

- Medicare provides coverage of a screening Pap test for all asymptomatic non-high risk female beneficiaries every 2 years (i.e., at least 23 months have passed following the month in which the last covered screening Pap test was performed).

Medicare considers “high risk” factors for cervical and vaginal cancer to include:

- Early onset of sexual activity (under 16 years of age),
- Multiple sexual partners (five or more in a lifetime),

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- History of a sexually transmitted disease [including HPV and/or human immunodeficiency virus],
- Fewer than three negative Pap tests within the previous 7 year, and
- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

Among the AAFP clinical recommendations related to cervical cancer screening is a recommendation of screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. The AAFP recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology (Pap smear), in women younger than age 30 years. These recommendations are consistent with the USPSTF recommendations.

It does not appear that the option of screening women age 30 to 65 years with a combination of cytology and HPV testing every 5 years is an option for Medicare beneficiaries, since it is not apparent that Medicare covers HPV screening under any circumstances. However, we know that, effective January 1, 2009, CMS was allowed to add coverage of "additional preventive services" if certain statutory requirements are met, as provided under Section 101(a) of the *Medicare Improvements for Patients and Providers Act of 2008* (MIPPA) (Pub. Law 110-275). Among other things, this new benefit allows CMS under 42 CFR 410.64 to cover "additional preventive services", if it determines through the national coverage determination process that the service is recommended with a grade A (strongly recommends) or grade B (recommends) rating by the USPSTF and meets certain other requirements.

The recommendation in question carries a grade of "A" from the USPSTF. Accordingly, we strongly encourage CMS to use the authority granted to it by MIPPA and 42 CFR 410.64 to update its coverage of screening for cervical cancer, for women age 30 to 65 years who want to lengthen the screening interval, to include screening with a combination of cytology (Pap smear) and human papillomavirus (HPV) testing every 5 years.

Thank you for your time and consideration of this request. If you or your staff has any questions about this matter, please contact Mr. Kent Moore, senior strategist for physician payment at the AAFP at kmoore@aafp.org or at (800) 274-2237, extension 4170. We look forward to your response.

Sincerely,



Jeffrey J. Cain, MD
Board Chair

JJC:kjm