



Documentation and Coding

Human Papillomavirus (HPV)

HPV is a group of more than 200 viruses that can cause certain cancers in women and men. Accurately and completely coding and documenting **HPV immunizations, screening results and related cancers** can help capture our members' health status and promote continuity of care.

According to the [Centers for Disease Control and Prevention \(CDC\)](#):

- **HPV infections are common**, with more than 42 million Americans currently infected. Genital HPV is the most common sexually transmitted infection in the U.S.
- HPV causes about [36,000 cancer cases each year in the U.S.](#), including cancers of the cervix, vulva, vagina, penis, anus and oropharynx (usually the tonsils or back of the tongue).
- HPV vaccination **can prevent over 90% of cancers caused by HPV.**

Coding for HPV and Related Cancers

Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#) and industry-standard resources.

Code Z23 (Encounter for immunization) isn't specific to the type of vaccine provided. **A procedure code should be used to identify the type of vaccine.**

Code Z11.51 captures HPV screening. The R87.x codes in the chart capture screening results.

With R87.82x, **code B97.7** should be used to capture associated HPV.

Sample ICD-10-CM Codes for HPV and Related Cancers	
Z23	Encounter for immunization
Z11.51	Screening for HPV
R87.810	DNA-positive for cervical cancer, high risk
R87.811	DNA-positive for vaginal cancer, high risk
R87.820	DNA-negative for cervical cancer
R87.821	DNA-negative for vaginal cancer
B97.7	HPV as the cause of diseases classified elsewhere
C10.x	Oropharyngeal cancers
C21.x	Anal cancer
C51.x	Vulvar cancer
C52	Vaginal cancer
C53.x	Cervical cancer
C60.x	Penile cancer



For women, **vaginal intraepithelial neoplasia (VAIN) and vulvar intraepithelial neoplasia (VIN)** are related to the HPV virus. Codes for VAIN grades are grade I (N89.0), II (N89.1) and III (D07.2), with type III identified as severe dysplasia. VIN also has grades I (N90.0), II (N90.1) and III (D07.1), which is identified as severe dysplasia.

Coding Tips

- Include patient demographics such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure providers sign and date all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated, as well as any complications on the associated date of service.
- Take advantage of the Annual Health Assessment or other yearly preventative exam as an opportunity to capture conditions impacting member care.

HPV Vaccines

To protect against cancers later in life, the [CDC recommends the HPV vaccine](#) for:

All children age 11 or 12 years (or starting at age 9). Children who get the vaccine before turning 15 need two doses given six to 12 months apart.

All people up to age 26 who aren't fully vaccinated already. People age 15 or older or with conditions that weaken the immune system need three doses.

HPV vaccination is not recommended for everyone older than age 26 years. Some adults age 27 through 45 years who weren't already vaccinated might choose to get HPV vaccine after speaking with their doctor about their risk for new HPV infections and possible benefits of vaccination for them.

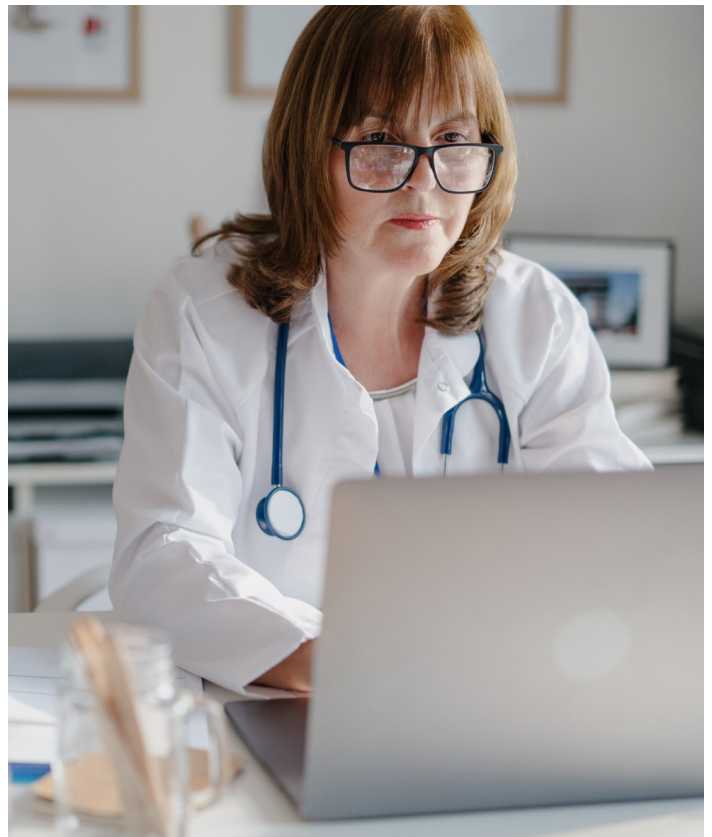
[See the Advisory Committee on Immunization Practices'](#) HPV recommendations for more details.

Cervical Cancer Screening

HPV causes virtually all cervical cancers. [The U.S. Preventive Services Task Force](#) recommends **screening all women starting at age 21**. Through routine HPV or Pap tests, providers can find and remove precancerous cells before they develop into cancer, according to the [CDC](#).

Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting](#)
- [CDC Basic Information about HPV and Cancer](#)
- National Cancer Institute [HPV Vaccines](#)
- BCBSOK [Preventive Care Guidelines](#)



The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.