Screening women 30 and older with both the digene HPV Test and the Pap test provides opportunities for educating your patients. They will appreciate learning about the importance of adding routine HPV co-testing to Pap testing – and the health advantages of knowing their HPV status.

All it takes are a few well-spent minutes.
Background Information for all women

1. The primary cause of cervical cancer is infection with a high-risk virus called the human papillomavirus (HPV).
2. High-risk HPV infection is very common. In fact, an estimated 8 out of 10 women get HPV at some point in their lives.
3. HPV usually goes away on its own before causing any symptoms or problems. Most women don’t know they have the virus.
4. Only an HPV infection with a high-risk type of HPV that doesn’t go away can cause cell changes leading to cervical cancer.
5. HPV is transmitted through sexual contact. Even if you are in a long-term relationship with one person, you may have HPV. The virus can stay hidden in your cervical cells for years – even decades – before it “activates.”
6. The digene HPV Test helps clinicians determine if a woman is at risk for cervical cancer and what type of follow-up is needed to prevent cancer from developing.
7. Although men can get HPV, there is currently no approved test. Fortunately, health complications due to HPV are rare in men.

If time is limited, refer your patients to www.theHPVtest.com and/or educational materials available from your QIAGEN Clinical Specialist.

Additional talking points for patients who are 30 or older

- Because you are in the age group when cervical cancer is more likely to occur, I – and many experts – recommend doing an HPV test along with your Pap.
- Screening with both tests reassures both you and I that you are receiving the best possible protection against developing cervical cancer.

Additional talking points for patients who are younger than 30

- Today you will receive a Pap test to check your cervix for any abnormalities. Abnormalities are caused by an infection with high-risk HPV.
- Because you are not yet 30 years old, routine HPV testing is not recommended. Women 30 or older are at greater risk of developing cervical cancer. At that time I will recommend you receive an HPV test along with your Pap test.
- However, if your Pap results from your visit today are inconclusive, I will have the lab perform an HPV test, using the sample of cervical cells I obtain today. About 10% of women have inconclusive Paps, and finding out if you have high-risk HPV will help me determine whether you need further examination.
Counseling patients on the results of the Pap test plus the *digene* HPV Test

**Women who do not have HPV and have a normal Pap**

The majority of your patients will fall into this category. Share the good news and reinforce the need for an annual “well-woman” visit to assure ongoing health. Remind them that the annual visit includes other essential services, such as:

- Breast exam
- Pelvic exam
- Family planning and contraceptive counseling
- Nutrition and weight management
- Blood pressure screening
- Lifestyle counseling, such as smoking cessation and limiting alcohol use

**Women who have HPV**

About 5-15% of your patients who are 30 or over will have HPV.

**Background information for women who have HPV**

- Most women get HPV at some point in their lives. There is no reason for shame or blame.
- There is no way of knowing how long they (or their partners) have had the virus, since it can “hide” for many years without being detected or causing problems. Having HPV is not evidence of infidelity.
- Most women who have HPV do not develop abnormal cells or cancer. In fact, an HPV infection usually goes away without causing any problems.

**Women with HPV and normal Pap results**

- Chances are, your HPV infection will go away on its own.
- However, to be safe, it is important to repeat the HPV and Pap tests in 12 months.
- When you repeat your tests in 12 months, if your Pap results are abnormal or if you still have an HPV infection, I will look at your cervix more closely using a special microscope called a colposcope. I may also remove a small portion of tissue for analysis in the lab (called a biopsy). This will tell me whether disease is present that needs to be treated.
- If we catch cervical disease early, it can be treated before cancer develops. That’s why it’s very important to return for these tests in 12 months.

**Women with HPV and ASC-US or abnormal Pap results**

- Having HPV and an inconclusive or abnormal Pap doesn’t mean you have cancer. It mean we need to examine you further, using a procedure called colposcopy.
- During a colposcopy, I’ll look at your cervix using a special microscope. I may also remove some tissue for analysis by the lab (called a biopsy). The goal is to determine if there are any pre-cancerous cells that need to be removed.
- If we catch cervical disease early, it can be treated before cancer develops. That’s why it’s very important to have the colposcopy procedure now.
Compensation for counseling patients who are HPV-positive

Most health plans cover a 10-to-15-minute office visit to specifically talk about a positive HPV result. Discussion covers cervical cancer risk and the need to return for re-testing in 12 months. Asking HPV-positive patients to return to the office for counseling can increase overall patient visits by 5% or more.

The appropriate CPT codes for counseling appointments are:

99212 – 10-minute visit
99213 – 15-minute visit

The applicable ICD-9-CM codes are in the Cervical Cancer Screening Coding and Payment Reference. A copy is available from your QIAGEN Clinical Specialist.