

# Recommended Cervical Screening Outcome or Measurement Codes for HPV Primary Screening

#### For use in Primary Care Practice Management Systems

With the change to HPV Primary Screening, the National Cervical Screening Programme (NCSP) has approved an updated set of Screening Outcome or Measurement codes for use in applicable Primary and Community Care Practice Management Systems (PMS).

These codes apply to Indici, Medtech 32 and Medtech Evolution. Medtech users will need to update these codes manually. PMS vendors will provide user guides with version release notes.

Using the updated codes enables accurate recall, opportunistic screening and follow-up via correct dashboard identification, improved messaging via GP2GP, and improved reporting and identification of groups at higher risk of cervical cancer.

- NCSP recommends that only HPV not detected results have a default associated recall date.
- NCSP recommends that clinicians set the recall date based on the laboratory recommendation and their own clinical interpretation, based on history and examination.

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## **HPV-Only Codes**

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
H-ND	The next HPV screening test should be taken in five years, based on the NCSP Register history.	HPV not detected	Normal	Recall in five years Or three years, if immune deficient Recommend use note field to record immune deficient
1618	Referral for specialist colposcopy assessment is indicated.	HPV 16 / 18 detected	Abnormal	Refer as per recommendation Update recall on discharge from specialist.
HPVO	Please recall now for a clinician-taken liquid-based cytology (LBC) sample, as cytology is indicated.  Or  Referral for specialist colposcopy assessment is indicated.	HPV Other detected	Abnormal	Recall or refer as per recommendation Use note field to indicate if LBC recommended

#### **Cytology-Only Codes**

Samples following a self-test where HPV other type is detected

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
N	Normal/negative cytology Recommendation will vary based on HPV result and age of participant	Cyto Negative		Recall in 12 months Use note field to record LBC recommended for next test
LG	Low grade cytology Includes:  • LSIL  • ASC-US Recommendation will vary based on HPV result and age of participant	Low Grade Cyto	Abnormal	Recall in 12 months Use note field to record LBC recommended for next test Or Refer as per recommendation
HG	High grade cytology Includes:  • HSIL  • ASC-H  • AIS  • ASC-AGC  • Adenocarcinoma  • SCC  Referral for specialist colposcopy assessment is indicated.	High grade cyto	Abnormal	Refer as per recommendation Update recall on discharge from specialist.

## **HPV and Cytology Codes**

Use for LBC samples where both HPV and cytology result are reported

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
HO-N	HPV other detected Cytology is negative Please repeat the HPV test in 12 months. A clinician-taken liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.	HPV other + Neg	Abnormal	Recall in 12 months
HD-N	HPV 16 / 18 detected Cytology is negative Referral for specialist colposcopy assessment is indicated.	HPV 16/18 + Neg	Abnormal	Refer as per recommendation Update recall on discharge from specialist.
HOLG	HPV other detected Cytology is low grade Please repeat the HPV test in 12 months. A clinician-taken liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.	HPV other + LG	Abnormal	Recall in 12 months Use note field to record LBC recommended for next test Or Refer as per recommendation Update recall on discharge from specialist.

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
нонс	HPV other detected Cytology is high grade Referral for specialist colposcopy assessment is indicated.	HPV other + HG	Abnormal	Refer as per recommendation Update recall on discharge from specialist.
HDLG	HPV 16 / 18 detected Cytology is low grade Referral for specialist colposcopy assessment is indicated.	HPV 16 / 18 + LG	Abnormal	Refer as per recommendation Update recall on discharge from specialist.
HDHG	HPV 16 / 18 detected Cytology is high grade Referral for specialist colposcopy assessment is indicated.	HPV 16 / 18 + HG	Abnormal	Refer as per recommendation Update recall on discharge from specialist.

#### **Special Circumstances**

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
TOC1	<ul> <li>Use this code for:</li> <li>first test of cure recommended 6 months after discharge from colposcopy</li> <li>when previous test of cure results are abnormal (either HPV detected or abnormal cytology)</li> <li>those on annual testing due to a historic HG result*</li> <li>* Participants treated for HSIL (CIN2/3) in the cytology screening programme and who are undergoing or have not yet started a Test of Cure, should complete a Test of Cure in accordance with the NCSP guidelines.</li> <li>HPV testing and cytology (Test of Cure) are indicated in 12 months. A cliniciantaken liquid-based cytology (LBC) sample is required.</li> </ul>	Test of Cure (1)	Abnormal	If HPV is detected refer as recommended If HG including ASC-H refer as recommended. HPV not detected and cyto is LG, use code TOC 1 and repeat test of cure in 12 months or refer as recommended. Use note field to remind a co-test is required

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
TOC2	Use this code when participantx has completed test of cure  Cyto = neg  HPV = not detected  The next HPV screening test should be taken in five years, based on the NCSP Register history.	Test of Cure (2)	Normal	If either HPV is detected or cytology is abnormal, use code TOC1 and manage as per recommendation  Repeat test of cure in 12 months until both tests are negative.  If:  cyto = neg  HPV = not detected  Recall in five years  Px has completed test of cure
ANN	Annual screening is recommended Those who have been treated for HPV negative AIS in the cytology screening programme should have annual co-testing for life unless they have had a total hysterectomy with negative margins.  Annual co-test screening (a liquid-based cytology (LBC) sample for cytology and HPV testing) is indicated because of the history of a previous HPV-negative high- grade cervical or vaginal lesion.	Annual co-test	Abnormal	Recall in 12 months for co-test Use note field to remind to request a co-test.

#### **General Codes**

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
EX	<ul> <li>Exempt from cervical screening due to:</li> <li>Hysterectomy</li> <li>Medical reason</li> <li>Aged out of NCSP</li> <li>Other reason</li> <li>No further cervical or vaginal screening tests are indicated. HPV testing or cervical/vaginal cytology should only be requested if clinically indicated.</li> </ul>	Exempt	Exempt	Use code to exempt from screening rather than just removing recall  Note reason for exemption in note field In addition to screening code use READ codes for Hysterectomy  Not/never sexually active  Exempt should be used for people who have had no sexual activity therefore no exposure to HPV.  Do not use exempt for people who are not yet sexually active use decline (see below)
D	Declines further screening	Declines	Invalid	Do not use when an episode or offer of screening is declined Confirm with participant no further contact Update NCSP-R For people who are not yet sexually active use decline and set recall date as agreed with participant
RPT	Please repeat the HPV test. No delay before repeat testing is needed. Or Please repeat the liquid-based cytology (LBC) sample for cytology in 6 to 12 weeks.	Repeat test	Invalid	Repeat HPV test Or Repeat cytology test in 6 weeks