Cervical Dysplasia:
Risk Factors, Diagnosis, and Treatment

Mild cervical dysplasia usually resolves on its own but should be monitored as it can progress to moderate or severe dysplasia, which, if not treated, could become cancerous.

Gynecologic diseases involve the female reproductive system and include benign and malignant tumors, pregnancy-related diseases, infection, and endocrine diseases. Cervical dysplasia or cervical intraepithelial neoplasia (CIN) is a common gynecological problem in which abnormal or precancerous cells develop in and around the cervix. The main cause of cervical dysplasia is the human papillomavirus virus (HPV) which spreads through sexual contact. According to the Centers for Disease Control and Prevention (CDC), HPV causes more than 9 out of 10 cervical cancers.

Here are key statistics on cervical dysplasia and cervical cancer in the United States:

- Each year, about 250,000 to 1 million women get diagnosed with cervical dysplasia.
- Though the condition can affect women of any age, cervical dysplasia usually occurs in those between ages 25 and 35.
- The Centers for Disease Control and Prevention (CDC) estimates that 91 percent of all cervical cancers are caused by HPV, and that at least 80 percent of women will have had HPV by age 50.
- The American Cancer Society notes that HPV is a group of more than 150 related viruses, and 14 of them are known to cause cervical cancer.

What is Cervical Dysplasia?

Cervical dysplasia is not cancer. A diagnosis of cervical dysplasia indicates that there are abnormal cells on the surface of the cervix. Cervical Intraepithelial Neoplasia (CIN) can range from mild to severe, depending on the appearance of the abnormal cells.

The three categories of CIN are:

- CIN 1 - Mild or low-grade dysplasia - Only a few of the cells are abnormal.
- CIN 2 - Moderate dysplasia - More of the cells appear abnormal.
- CIN 3 - Severe or high-grade dysplasia – This type needs immediate treatment.

Mild dysplasia usually resolves on its own but should be monitored as it can progress to moderate or severe dysplasia. If not treated, severe abnormalities could become cancerous.

Risk Factors and Symptoms

The following factors increase the risk of developing cervical dysplasia:

- Becoming sexually active before age 18
- Having multiple sexual partners (though the condition can spread from just one partner)
- Smoking and using products that contain tobacco
- Being over age 55
- Having a weakened immune system
- Not using condoms (condoms help prevent HPV, but don't fully protect you)
- Giving birth before age 16
- Not getting the HPV vaccine
- Three or more full-term pregnancies
- Family history of cervical cancer

Having HPV does not necessarily mean the person has cervical dysplasia. Experts believe that some high-risk strains of HPV and the duration of the infection may be the reason why some people develop cervical dysplasia after becoming infected with HPV, while others do not.

It can take 10 to 20 years, or even longer, for HPV-infected cervical cells to become cancerous. As HPV infection and cervical dysplasia don't usually have symptoms, regular screening is important to monitor for cervical dysplasia and detect cervical cancer early. If abnormalities are detected in the cervical cells, further testing may be recommended.

If dysplasia has advanced to cervical cancer, it may cause symptoms such as abnormal menstrual bleeding, bleeding after menopause, increased vaginal discharge, back and pelvic pain, and pain during intercourse.

Diagnosis

All women who are or have been sexually active or are age 18 or older should have regular gynecological checkups. This is important to detect any abnormal changes to the cervix as early as possible. When diagnosed, detected early, and managed effectively, cervical cancer is considered one of the most successfully treatable types of cancer. The following tests are used to diagnose cervical dysplasia and determine the severity of the condition:

- **Pap test:** A Pap test or Pap smear is a microscopic examination of sample of cells from the opening of the cervix that looks for abnormal changes that may be cancerous or may lead to cancer. The Pap test will also show if an infection or inflammation is present. If an ambiguous or minor abnormality is observed, the Pap test is usually repeated to ensure accuracy. If the test reveals a significant abnormality or cervical dysplasia, a colposcopy may be done to further examine the vagina and the cervix.

- **Human papillomavirus (HPV) test:** An HPV test can be done at the same time as the pap test or separately. An HPV DNA test can identify the presence and type of HPV strains which cause cervical cancer.
- **Colposcopy:** Colposcopy is an examination of the cervix, vagina, and vulva using a microscope. After the examination, 3% to 5% acetic acid solution is applied to the cervix to detect abnormal cells so that biopsies can be taken. Biopsy is a critical part of colposcopy since treatment will depend on the severity of the abnormality (CIN 1, 2, or 3) in the biopsy sample.
- **Endocervical curettage (ECC):** In this procedure, an endocervical curette is used to scrape the lining of the cervical canal and take a sample of cells to check for abnormalities.
- **LEEP (loop electrosurgical excision procedure):** LEEP tests for and treats abnormal cell growth on the surface tissue of the cervix.

Cervical Dysplasia Treatment

Severe cases of cervical dysplasia (CIN 1 or CIN 2) require treatment. There two general types of treatment for cervical dysplasia: 1) destruction (ablation) of the abnormal cells, and 2) removal (resection) of the abnormal area. The type of treatment option the physician chooses will depend on the severity of the cervical abnormality.

The procedures to treat cervical dysplasia may include:

- **Loop electrosurgical excision procedure (LEEP):** This tissue-removal procedure uses electrocautery to burn off the abnormal cells.
- **Cone biopsy:** In cold knife cone biopsy, the abnormal area of tissue is removed with a laser, scalpel, or both.
- **Laser surgery:** Laser surgery treats precancerous conditions by destroying abnormal tissue or small tumors on or near the surface of the skin.
- **Cryosurgery:** In cryosurgical ablation, extreme cold (liquid nitrogen or carbon dioxide) is used to freeze and destroy abnormal cells or tissue.
- **Hysterectomy:** If cervical dysplasia persists or does not improve after other procedures, the uterus and cervix are surgically removed. However, as a hysterectomy may not be curative, long-term monitoring will be required as the patient is at continued risk for vaginal and vulvar cancer. According to MedicineNet, cervical dysplasia may recur in the vagina in about 1-2% of patients who have had a hysterectomy.

Cervical dysplasia rarely develops into cancer. But if it is not treated, there is a chance that the abnormal changes may become cervical cancer.

ICD-10 Cervical Dysplasia Diagnosis and Treatment Codes

R87 is the ICD-10 code to report abnormal findings in specimens from female genital organs and includes abnormal findings in secretions and smears from cervix uteri, vagina, and vulva.

Specific codes include:

- R87.6 - Abnormal cytological findings in specimens from female genital organs
- R87.61 - Abnormal cytological findings in specimens from cervix uteri
- R87.610 - Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
- R87.611 - Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
- R87.612 - Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
- R87.613 - High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
- R87.614 - Cytologic evidence of malignancy on smear of cervix
- R87.615 - Unsatisfactory cytologic smear of cervix
- R87.616 - Satisfactory cervical smear but lacking transformation zone
- R87.618 - Other abnormal cytological findings on specimens from cervix uteri
- R87.619 - Unspecified abnormal cytological findings in specimens from cervix uteri
- R87.62 - Abnormal cytological findings in specimens from vagina
- R87.620 - Atypical squamous cells of undetermined significance on cytologic smear of vagina (ASC-US)
- R87.621 - Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina (ASC-H)
- R87.622 - Low grade squamous intraepithelial lesion on cytologic smear of vagina (LGSIL)
- R87.623 - High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL)
- R87.624 - Cytologic evidence of malignancy on smear of vagina
- R87.625 - Unsatisfactory cytologic smear of vagina
- R87.628 - Other abnormal cytological findings on specimens from vagina
- R87.629 - Unspecified abnormal cytological findings in specimens from vagina
- R87.69 - Abnormal cytological findings in specimens from other female genital organs
- R87.7 - Abnormal histological findings in specimens from female genital organs
- R87.8 - Other abnormal findings in specimens from female genital organs
- R87.81 - High risk human papillomavirus (HPV) DNA test positive from female genital organs
- R87.810 - Cervical high risk human papillomavirus (HPV) DNA test positive
- R87.811 - Vaginal high risk human papillomavirus (HPV) DNA test positive
- R87.82 - Low risk human papillomavirus (HPV) DNA test positive from female genital organs
- R87.820 - Cervical low risk human papillomavirus (HPV) DNA test positive
- R87.821 - Vaginal low risk human papillomavirus (HPV) DNA test positive
- R87.89 - Other abnormal findings in specimens from female genital organs
- R87.9 - Unspecified abnormal finding in specimens from female genital organs

The ICD-10 code for dysplasia of cervix uteri is N87:

- N87.0 - Mild cervical dysplasia
- N87.1 - Moderate cervical dysplasia
- N87.2 - Severe cervical dysplasia
- N87.9 - Dysplasia of cervix uteri, unspecified

CPT Cervical Dysplasia Diagnosis and Treatment Codes

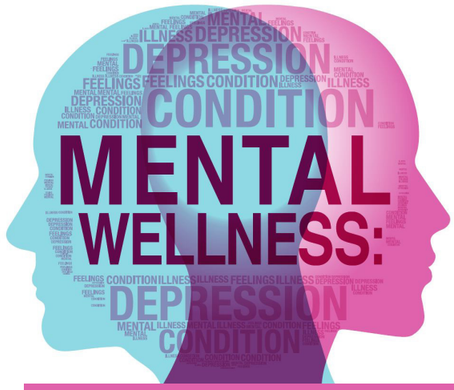
Common CPT codes associated with cervical dysplasia include the following.

Colposcopy

Colposcopy CPT codes include: 57452, 57454, 57455, 57456, 57460, and 57461.

Cervical Biopsy

- 57500 - Biopsy(s) of cervix
- 57505 - Endocervical curettage
- 57500 - Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration
- 57520 - Conization of cervix, with or without fulguration, dilation and curettage, repair; cold knife or laser
- 57522 - Conization of cervix (Loop electrode excision procedure)
- 57500 - Cervical biopsy, single or multiple, or local excision of lesion, with or



WEBINAR - CEU Approved

Medical Billing and Coding for HBAI Services (With New Codes)

Description:
This webinar discusses HBAI services, focusing on coding and billing. Medical necessity is explored, including Optum/APA examples. The speaker points out changes from the 2019 HBAI services CPT codes to the current codes. Documentation requirements to support proper billing and coding for HBAI services are shared, including time tips to remember.

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to access this webinar

without fulguration
- 57520 - Conization of cervix, with or without fulguration, dilation and curettage, repair; cold knife or laser
- 57522 - Loop electrode excision procedure

Endometrial Biopsy

- 58100 - Endometrial biopsy with or without ECC, dilation, any method
- 58110 - Endometrial biopsy in conjunction with colposcopy

Human Papillomavirus Test

- 87624 - Human papillomavirus, high-risk types
- 87625 - Human papillomavirus, types 16 and 18 only

Cryosurgical Treatment

- 56501 - Destruction of lesion(s) vulva, simple
- 56515 - Destruction of lesion(s) vulva, extensive
- 57061 - Destruction of lesion(s) vaginal, simple
- 57065 - Destruction of lesion(s) vaginal, extensive

Hysterectomy

Total abdominal hysterectomy CPT codes include: 58150, 58152, 58180, 58200, 58210, and 58240.

Vaginal hysterectomy CPT codes include: 58260,58261, 58263, 58267, 58275, 58280, 58285, 58290, 58291, 58292, and 58294.

High-quality patient management requires meticulous documentation in the medical record. The results of consultations, examinations, and treatments must be recorded. This will also allow coders to assign the appropriate diagnosis/CPT code on claims for appropriate reimbursement.

Screening and Prevention

Globally, cervical cancer is the fourth most common cancer in women with an estimated 604,000 new cases in 2020. It is important to find abnormal cells through routine screenings and other measures so that they can be monitored or removed to help reduce the risk of cervical cancer.

Adherence to routine cervical cancer screening guidelines is critical. Cervical cytology, primary HPV test, co-test, and Pap test are all effective screening options for detecting cervical precancerous lesions and cancer. The American College of Obstetricians and Gynecologists (ACOG), American Society of Colposcopy and Cervical Pathology (ASCCP), and Society of Gynecologic Oncology (SGO) recommend cervical cancer screening initiation at age 21 years.

ACOG recommends three options for cervical cancer screening in individuals aged 30-65 years: primary HrHPV testing every 5 years, cervical cytology alone every 3 years, or co-testing with a combination of cytology and HrHPV testing every 5 years.

However, despite the availability of these effective options, inadequate screening for cervical cancer continues to be a significant problem in the United States. A recent study that analyzed data on more than 20,000 women who were eligible for screening in the United States found that the rates of timely cervical cancer screening fell overall between 2005 and 2019. The study identified multiple barriers to screening, including women not being aware that screening is needed and not following up with their healthcare providers after abnormal findings from cervical screening. The researchers noted that the COVID-19 pandemic has likely worsened the situation. The study highlighted the importance of effective and efficient tools and systems to help clinicians stay up to date on screening guidelines and the need for more research on "the barriers that prevent clinicians from administering cervical cancer screening" (www.cancer.gov).

The only way to prevent cervical dysplasia is to avoid getting HPV. Getting vaccinated is the best way to prevent HPV and cervical dysplasia. Although it cannot treat pre-existing HPV or cervical dysplasia, the vaccine may prevent infections from returning in some cases. People who already have an HPV infection can reduce their risk of it progressing into cervical cancer by getting regular Pap smears to diagnose cervical dysplasia. Practicing abstinence or safer sex and not smoking or using tobacco products are other ways to prevent HPV infections.

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