



AAVBC

AMERICAN ACADEMY OF VALUE BASED CARE

Cervical Cancer

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC/RAF V28 Mapping	3
2. RECOGNITION AND DIAGNOSIS	5
Medicare Screenings and Surveillance (Adult and Geriatric)	5
Subtle Early Signs in Older Adults	6
Geriatric Risk Factors	7
Diagnostic Thresholds (FIGO 2018 · Bethesda · ASCCP)	8
Clues to Dig Deeper	9
Common Oversights	9
Key Differentials in Elderly	10
Comorbidity Screening	11
3. MEAT DOCUMENTATION ESSENTIALS	12
Clinical Documentation Elements	13
Reframing Common Documentation Shortcuts	14
4. TREATMENT AND REFERRAL QUICK GUIDE	14
Therapy Escalation Criteria	15
NCCN-Aligned Treatment by FIGO 2018 Stage and Patient Profile	15
Non-Pharmacologic Care and Supportive Interventions	17
Medication Safety and Key Interactions	17
When to Refer	18
Follow-Up Timing	19
Comorbidity Management — Primary Care Role	19
Patient Education and Adherence	21
Quality Metrics Tie-In	22
5. CODING REMINDERS AND CASE EXAMPLES	24
Coding Specificity	24
Annual Clinical Review and Confirmation	25
Good Documentation — EHR Tips	26
REFERENCES	27

1 CLINICAL SNAPSHOT

Definition: Cervical cancer is a malignant neoplasm arising from the epithelium of the uterine cervix, the overwhelming majority of which are caused by persistent infection with high-risk human papillomavirus (hrHPV). HPV DNA is detectable in 99.7% of cervical cancers.¹ The 2020 WHO classification divides cervical carcinomas into HPV-associated and HPV-independent tumors; **squamous cell carcinoma** accounts for roughly 75%³ of cases and **adenocarcinoma** for about 20-25%.^{2,3} Diagnosis requires histopathologic confirmation from a cervical biopsy or conization specimen³. Because cervical cancer develops over years through well-defined precancerous stages, it is one of the most preventable solid tumors — yet it remains under-recognized in older women, in whom screening is often stopped prematurely.⁴

ICD-10 Codes:

Invasive cervical cancer is reported under the **C53** category — **C53.0** (endocervix), **C53.1** (exocervix), **C53.8** (overlapping sites), and **C53.9** (cervix uteri, unspecified). When pathology specifies an endocervical or exocervical origin, the specific subsite code (**C53.0** or **C53.1**) should be assigned rather than defaulting to **C53.9**. Carcinoma in situ (**D06.0/D06.1/D06.9**) and cervical dysplasia (**N87.0** = CIN1/LSIL, **N87.1** = CIN2) are non-invasive and do **not** map to any HCC in V28. Abnormal screening results are captured with **R87.61x** (cytology) and **R87.81x** (HPV status), and the screening encounter itself with **Z12.4**. Secondary sites must be coded separately — **C78.0x** (lung), **C79.51** (bone), **C79.31** (brain) — and are frequently under-documented. **Z85.41** (personal history of malignant neoplasm of cervix) does not map to an HCC and must not be assigned until all active treatment is complete.⁵

Prevalence: Cervical cancer is commonly thought of as a disease of younger women, but more than 20%⁹ of cases and 36% of deaths during 2014-2018 occurred in **women older than 65**.⁶ The highest incidence was among 65-69 year old women at 27.4 per 100,000.⁷ Older women are diagnosed at advanced stage (FIGO II-IV) 71% of the time versus 48% for younger women, and their 5-year relative survival is correspondingly lower at 23-37% compared with 42-52%. A comorbidity burden (Charlson score ≥ 1 in 54% of women >65 with cervical cancer) is independently associated with late-stage diagnosis (OR 1.59, 95% CI 1.21-2.08).⁸

HCC/RAF V28 Mapping

ICD-10 CODE	HCC (V28)	CNA RAF	DOCUMENTATION TRIGGER
C53.0 (Malignant neoplasm of endocervix)	HCC 22 Bladder/ Colorectal/and Other Cancers	0.363	Active invasive cancer; biopsy/pathology specifying endocervical origin. Code as current until all treatment complete
C53.1 (Malignant neoplasm of exocervix)	HCC 22 Bladder/ Colorectal/and Other Cancers	0.363	Pathology specifying exocervical origin

AAVBC Knowledge Hub Premium Content Access

Continue reading your guide
with an AAVBC subscription

[Subscribe Now](#)

Already a subscriber? [Sign in](#)

Limited offer

Basic Membership Free

Includes access to downloadable Quick Reference Guides, mailing list for industry updates/medical information, research toolkits, AAVBC events and so much more!

Cancel at any time