AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Cervical Cancer

Quick Reference Guide

2026

Table of Contents

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 specimen[3]. 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**

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