Health New Zealand
Te Whatu Ora

Zero-fees cervical screening funding for priority groups

This guidance is intended for primary care and other providers who are contracted to deliver cervical screening services. It came into effect on 1 July 2024.

What primary screening tests are funded?

Zero-fees routine cervical screening, irrespective of whether an HPV self-test or cervical sample is used, is available for the following groups for screening:

- All women and people with a cervix aged 30 years and over who are un-screened (i.e. they have never been screened for cervical cancer).
    - This includes women and people with a cervix aged 70 to 74 years who have never been screened.
- All women and people with a cervix who are under-screened (please refer to page 3 for the definition of under-screened, including for people that are immune deficient). This also includes women and people with a cervix aged 70 – 74 years who have not had:
    - two consecutive normal cervical cytology results between 62 to 69 years, OR
    - an 'HPV not detected' result in the five years prior to age 70, OR
    - have not otherwise met the exit testing recommendations in the NCSP Clinical Practice Guidelines[1].
- All wāhine Māori and whānau with a cervix aged 25 to 69 years.
- All Pacific women and people with a cervix aged 25 to 69 years.
- All women and people with a cervix aged 25 to 69 years who hold a Community Services Card.
- All women and people with a cervix under 25 years who are already part of the National Cervical Screening Programme (e.g. they commenced screening before the screening age was lifted from 20 years to 25 years), AND who are Māori, Pacific, or hold a community services card.

Note: Screening tests are only funded if the person is due for screening, or if it is no more than 6 months before their next screen is due. This is irrespective of whether the person has clinically relevant symptoms.

If a person that is otherwise eligible for zero-fees screening presents with clinically relevant symptoms but is not due recall (and it is more than 6 months before they will be due for recall), this is not funded for a zero-fees screen. This is because it is a diagnostic test, not a screening test under the National Cervical Screening Programme

[1] For more information about the exit testing recommendations for participants aged 69 – 74 years, see Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand June 2023, p 8

What follow-Up tests are funded?

Zero-fees follow-up testing is funded **for everyone**, regardless of their eligibility for zero-fees **routine** screening. All eligible follow-up tests are listed below:

- All recommended HPV and / or cytology follow-up testing after 'HPV Other' detected (until returned to routine screening).
- If a person tests positive for HPV 16/18, they should be directly referred to colposcopy, per the clinical guidelines. An LBC prior to their colposcopy is **not a recommended part of the clinical pathway.** However, if the person requests an LBC while waiting for their colposcopy appointment, this should be zero-fees and should be claimed as a 'follow-up test'.
    - In these instances, **referral to colposcopy should happen immediately** and not wait for the LBC result.
    - If possible in your PMS, please send the LBC result as 'additional information for a previous referral' to the colposcopy clinic, rather than completing a second referral.
- People who have not yet been returned to routine interval screening (prior to the commencement of the HPV primary screening programme on 12 September 2023) and require follow-up testing (e.g., 12-month repeat screening after a previous low-grade cytology result).
- Repeat screening after an invalid or unsuitable for analysis HPV test result, or an unsatisfactory cytology sample. This includes test handling errors.
- Test of Cure (including those eligible for a Test of Cure because of historical high-grade result) or recommended follow-up after colposcopy.
- Annual co-testing (for life) because of the history of a previous HPV-negative high-grade cervical or vaginal lesion, or a history of adenocarcinoma in-situ (AIS) where the HPV status prior to treatment is unknown.

Note that anyone who is under 25 years and on a follow-up testing pathway (as defined above), is also eligible for zero-fees follow-up testing.

Note: Follow-up tests are ideally taken as close as possible to the recommended time/due date. However, where a person presents opportunistically, early follow-up testing will be funded if it is no more than 2 months before the person is due for their follow-up test.

Updated Pricing

Contracted primary care providers can claim for the following funding categories. In claiming these fees, **providers must not charge the participant any co-payment for their screening test.**

Note that you can only claim once per screening test, and under only one category.

Screening category	Primary Care Price (GST exclusive)	Purchase unit ID
Standard Priority Screen (Māori and Pacific women and people with a cervix who are not un/under-screened; CSC holders)	$ 50.00	NSU002
Unscreened and Under-screened (Māori or Pacific people)	$ 60.00	NSU005
Unscreened and Under-screened (non-Māori, non-Pacific people)	$ 50.00	NSU004
Follow-up testing	$ 72.00	NSU003

For example, if a wāhine or person with a cervix is both under-screened and a non-Māori, non-Pacific CSC holder, you would claim their screen under the 'under-screened' category.

Note that the CSC holder category only applies to non-Māori, non-Pacific women and people with a cervix. This is because all wāhine Māori and whānau with a cervix, and all Pacific women and people with a cervix, are eligible for free screening.

Definition of under-screened for funding purposes

All eligible participants who are under-screened have been eligible for zero-fees cervical screening since 12 September 2023.

From Sept 2023 to Sept 2026, most participants will be transitioning from a previous cytology screen to HPV primary screening. During this time, 'under-screened' is defined as 5 years (3 years if immune deficient) from their previous normal cytology screen.

	Recommended cytology screening interval	Under-screened definition
Non-immune deficient	3 years	5 years or more
Immune deficient	Annual	3 years or more

For subsequent screening rounds (after person has had their first round of HPV primary screening), under-screened is defined as 7 years from previous normal HPV screen (5 years if immune-deficient).

	Recommended HPV screening interval	Under-screened definition
Non-immune deficient	5 years	7 years or more
Immune deficient	3 years	5 years or more

Definition of immune deficient

(See Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand June 2023, p 74)

- HIV positive
- Solid organ transplant
- Haemopoietic stem cell transplants
- On the following immune suppressant medications: Adilmumab, Azathioprine Cyclosporin, Infliximab, Methotrexate, Fingolimod, Natalizumab, Dimethyl Fumarate, Teriflunamide. Glatiramer Acetate and Interferon Beta have limited information but participants on these medications qualify for increased surveillance. This list is not exhaustive and is subject to change.

Q+As

1. What about eligibility following a total hysterectomy?

Some women and people who have had a total hysterectomy also require cervical screening (please refer to the NCSP Clinical Guidelines p.62 for further detail).

The same eligibility criteria for zero-fees screening applies to these women and people i.e. they are eligible if they require cervical screening, and meet one of the following criteria:

- Are un/under-screened,
- Need follow up testing as defined in this document,
- Are Māori, Pacific, or hold a community-services card.

2. If a woman or person with a cervix has clinically relevant symptoms, are they eligible for zero-fees screening?

Screening tests are for people who do not have any symptoms. Therefore, the presence of symptoms is not an eligibility criterion for zero-fees screening.

However, if a person with symptoms is due for cervical screening (or due within the next six months) and is entitled to zero-fees screening, the fee can be claimed.

A co-test (HPV and cytology on a cervical sample) is recommended for people with symptoms.

The fee that can be claimed is related to the person's eligibility for zero-fees screening. Refer to the eligibility criteria and pricing table above for further details.

3. Can a person request a co-test without a clinical indication?

Laboratories are not processing co-tests unless an appropriate clinical reason is written on the lab form, or a Test of Cure is indicated. If a co-test is not clinically indicated the laboratory will initially process the HPV test, and only perform cytology if HPV is detected.

Please note that if symptomatic, writing "clinically indicated" is not sufficient– the specific reason must be provided.

4. Are women and people with a cervix under 25 years eligible for screening?

People under 25 years **should not** be offered cervical screening.

The exception is those aged 20-24 who have previously started cervical screening (e.g. they commenced screening before the screening age was lifted to 25 years). In this case, they should be recalled in accordance with clinical guidelines and will be eligible for zero-fees screening if:

- They meet the eligibility criteria for zero-fees screening (i.e., require follow up testing or are Māori, Pacific, or hold a community services card), and
- Are due for screening, or it is no more than 6 months before they are due for recall.

5. Does HPV vaccination status impact when a woman or person with a cervix is recommended to be screened?

HPV vaccination status **does not impact** on screening recommendations.

6. Are colposcopy referrals and/or patient consultations to discuss results included in the 'follow up' category?

You cannot make a separate claim for patient consultations to discuss results, or for referrals to colposcopy. We have now factored in the time taken to discuss positive results and complete referrals into the new test prices.

7. Will claims be accepted for priority group screening consultations that don't result in a test completed, or take-home tests?

You can only be paid for **completed** priority group screens. This includes situations if you offer a take-home kit to a person – you cannot claim/be paid until the test is completed (i.e., a sample is returned).

Home testing and routine mail out is not delivered by the NCSP. Cervical screening providers who choose to provide these options must do so in accordance with standard 3.5.2 of the NCSP Policies and Standards, Section 3: Cervical Screening Services. We recommend screen takers have a process to ensure that take home tests are returned, for example setting a task/reminder to check for a result.

If you offer a take-home kit, best practice techniques outlined in standard 3.5.3 still apply. Everyone needs a consultation prior to testing to gain informed consent, undertake a clinical assessment, and exclude symptoms of concern – regardless of whether they are tested in a clinical or community setting, or at home.

8. How were the new prices developed?

We undertook a series of cross-sector regional workshops and established a funding design group (FDG) to support the development of the new prices.

The FDG included representatives from general practices, Primary Health Organisations (PHOs), Sexual Wellbeing Aotearoa (formerly Family Planning), Screening Support Services (SSS), and PHO Services Agreement Amendment Protocol (PSAAP) agents, such as GenPro. Representatives from Regional Health New Zealand | Te Whatu Ora Commissioning and National Public Health Service, and Te Aka Whai Ora Public & Population Health team also supported the group.
Primary Care FDG members were asked to gather data from practices about the time taken at each stage of the screening pathway (including recall, consultation, results management, and referrals). The primary care members were well engaged in this process, and we received more than 40 different data sets to inform our work.

The median timing data gathered by the group was used to estimate pricing for different 'types' of priority screens from a primary care perspective (e.g. 'standard' priority screen, un/under-screened, follow-up tests, positive results management including referral to colposcopy where appropriate, and cytology versus HPV self-testing appointments).

Using this data, we developed 'weighted' prices that accounted for all the different types of screens above and considered their frequency (e.g. only a small percentage of screens will result in a positive test, or require referral to colposcopy).

The FDG endorsed these prices, which were then noted by the PHO Services Agreement Amendment Protocol (PSAAP) group on 19 June 2024.