

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Cervical Cancer Screening

Policy Number: CPCPLAB002

Version 1.0

Enterprise Medical Policy Committee Approval Date: January 25, 2022

Plan Effective Date: May 1, 2022

Description

BCBSIL has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Cervical cancer screening **may be reimbursable** in immunosuppressed women without an HIV infection in the following situations:
 - a. Annual cytology testing for individuals 30 years or younger
 - b. Every 3 years co-testing (cytology and HPV) for individuals 30 years or older
2. For women 21 - 29 years of age, cervical cancer screening using conventional or liquid based Papanicolaou (Pap) smears **may be reimbursable** at a frequency of every 3 years.

3. For women 30 - 65 years of age, cervical cancer screening using conventional or liquid based Pap smear at a frequency of every 3 years, or cervical cancer screening using the high-risk HPV test alone at a frequency of every 5 years, or co-testing (cytology with concurrent high-risk HPV testing) at a frequency of every 5 years, **may be reimbursable**.
4. Cervical cancer screening **may be reimbursable** for women >65 years of age who are considered high-risk (women with a high-grade precancerous lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who are immunocompromised).
5. Testing for high-risk strains of HPV-16 and HPV-18 **may be reimbursable** if BOTH of the following co-testing criteria are present:
 - a. Cytology negative; AND
 - b. HPV positive.
6. Repeat cervical cancer screening by Pap smear or HPV testing in one year **may be reimbursable** if a previous cervical cancer screen had an abnormal cytology result and/or was positive for HPV, or if the woman is at high risk for cervical cancer (organ transplant, exposure to the drug DES, immunocompromised women).
7. Cervical cancer screening for women under 21 years of age **is not reimbursable** *unless* one of the following criteria are met:
 - a. History of HIV and/or other Non-HIV immunocompromised conditions;
 - b. Previous diagnosis of cervical cancer;
 - c. Previous diagnosis of cervical dysplasia;
 - d. History of an organ transplant.
8. Routine cervical cancer screening **is not reimbursable** in women >65 years of age who are not considered high-risk and have an adequate screening history:
 - a. Three consecutive negative Pap smears, or
 - b. Two consecutive negative HPV tests within 10 years before cessation of screening, with the most recent test occurring within 5 years.
9. Cervical cancer screening (at any age) **is not reimbursable** for women who have undergone surgical removal of uterus and cervix and have no history of cervical cancer or pre-cancer.

The following **are not reimbursable**:

- Inclusion of low-risk strains of HPV in co-testing, as the clinical utility has not been established.
- Other technologies for cervical cancer screening because of insufficient evidence of clinical utility.

For more information specifically regarding HPV, please refer to CPCPLAB51 Diagnostic Testing of Common Sexually Transmitted Infections.

Procedure Codes

Codes
0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091

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Policy Update History:

5/1/2022	New policy
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