



**EFFECTIVE DATE:** 06|01|2005  
**POLICY LAST UPDATED:** 01|15|2019

## **OVERVIEW**

This is an administrative policy to document the state mandated coverage guidelines for mammography and Pap smear services (§ 27-20-17, full text below).

## **MEDICAL CRITERIA**

Not applicable

## **PRIOR AUTHORIZATION**

Prior authorization review is not required.

## **POLICY STATEMENT**

### **BlueCHiP for Medicare and Commercial Products**

Mammograms and Pap smears are covered services.

For mammograms and Pap smears performed as preventive services, please refer to the applicable Preventive Services policies.

## **COVERAGE**

Benefits may vary between groups. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable diagnostic testing, imaging, laboratory, and screenings benefits/coverage.

Although Rhode Island-mandated benefits generally do not apply to Plan 65, FEHBP, and BlueCHiP for Medicare, mammograms and Pap smears are covered for all BCBSRI members. Self-funded groups may or may not choose to follow state mandates.

## **BACKGROUND**

### **Mammogram**

Mammography is a specific type of imaging that uses a low-dose X-ray system for examination of the breasts. The image of the breast is produced as a result of some of the X-rays being absorbed, while others pass through the breast. The goal of mammography is the detection, characterization, and evaluation of findings suggestive of breast cancer and other breast diseases. A screening mammography is one of several tools that are used for early detection of breast cancer in asymptomatic women. Diagnostic mammography is used to diagnose breast cancer in women who have signs or symptoms of breast disease.

### **Pap Smear**

Pap smears consist of cells removed from the cervix, which are specially prepared for microscopic examination. The cells are removed by brushing or scraping the cervix during a pelvic examination and then placing the cells on one or more glass slides. Each slide typically contains hundreds of thousands of cells. Pap smears are then stained, examined under a microscope, and interpreted at a laboratory. The test is used as the principal screening test to detect cervical cancer in asymptomatic women. It can detect precancerous changes or cancer of the cervix or vagina. A Pap test will only rarely detect cancer of the ovaries or endometrial cancer. It can also find some infections of the cervix and vagina.

This policy documents Rhode Island General Law (RIGL) 27-20-17, Mammograms and Pap smears:

**§ 27-20-17 Mammograms and pap smears – Coverage mandated.** – (a) *Subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for mammograms and pap smears, in accordance with guidelines established by the American Cancer Society.*

(b) *Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical service plan shall be afforded coverage for two (2) paid screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or who are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.*

## **American Cancer Society Guidelines**

### **Mammograms**

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (X-rays of the breast) if they wish to do so.
- Women ages 45 to 54 should get mammograms every year.
- Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

### **Pap Smears**

- Women between the ages of 21 and 29 should have a Pap test every 3 years. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.
- Women between the ages of 30 and 65 should have a Pap test plus an HPV (human papillomavirus) test (called “co-testing”) done every 5 years. This is the preferred approach, but it’s OK to have a Pap test alone every 3 years.
- Women over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.
- A woman who has had her uterus and cervix removed (a total hysterectomy) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.
- All women who have been vaccinated against HPV should still follow the screening recommendations for their age groups.

Note: Above are the American Cancer Society Guidelines. However, some plans may have a more generous benefit.

## **CODING**

### **Mammograms**

The following codes are covered for BlueCHiP for Medicare and Commercial products:

- 77065** Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
- 77066** Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
- 77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

### **Pap Smears**

The following codes are covered for BlueCHiP for Medicare and Commercial products:

- 88141** Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
- 88142** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
- 88143** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening under physician supervision

- 88147** Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
- 88148** Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
- 88150** Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
- 88152** Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
- 88153** Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
- 88164** Cytopathology, slides, cervical or vaginal (Bethesda System); manual screening under physician supervision
- 88165** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and rescreening under physician supervision
- 88166** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
- 88167** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- 88174** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
- 88175** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
- G0476** Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test

The following codes are covered for BlueCHiP for Medicare members:

Note: These codes are intended for use when filing claims for BlueCHiP for Medicare only. Claims for Commercial products should be filed with the appropriate CPT code.

- G0123** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
- G0124** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
- G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
- G0143** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
- G0144** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
- G0145** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
- G0147** Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision
- G0148** Screening cytopathology smears, cervical or vaginal; performed by automated system with manual rescreening

#### **BlueCHiP for Medicare and Commercial Products**

The following codes are covered but not separately reimbursed:

- G0101** Cervical or vaginal cancer screening; pelvic and clinical breast examination

- P3000** Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
- P3001** Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
- Q0091** Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

### RELATED POLICIES

Preventive Services for BlueCHIP for Medicare  
Preventive Services for Commercial Members

### PUBLISHED

Provider Update, April 2019  
Provider Update, March 2018  
Provider Update, March 2017  
Provider Update, March 2016  
Provider Update, May 2015

### REFERENCES

RIGL Mandate 27-20-17. Accessed on 1/7/2019: <http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-17.HTM>

American Cancer Society Guidelines for the Early Detection of Cancer. Accessed 1/7/2019:  
<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

American Cancer Society recommendations for early breast cancer detection in women without breast symptoms. Accessed 1/7/2019:  
<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-ac-s-recs>

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