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
