# **Medical Coverage Policy |** Mammograms and Pap Smears Mandate



**EFFECTIVE DATE:** 06 | 01 | 2005 **POLICY LAST UPDATED:** 01 | 03 | 2017

## **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.
- A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

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:

**77051** (Code deleted effective 12/31/2016)

**77052** (Code deleted effective 12/31/2016)

**77055** (Code deleted effective 12/31/2016)

**77056** (Code deleted effective 12/31/2016)

**77057** (Code deleted effective 12/31/2016)

**77065** (New code effective 1/1/2017)

**77066** (New code effective 1/1/2017)

**77067** (New code effective 1/1/2017)

G0202

G0204

G0206

# Pap Smears

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

88141

88142

88143

88147

88148

88150

88152

88153

88154

88164

88165

88166

88167

88174

88175

G0476

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

G0124

G0141

G0143

G0144

G0145

G0147

G0148

# BlueCHiP for Medicare and Commercial Products

The following codes are covered but not separately reimbursed:

G0101

Q0091

P3000

P3001

## **RELATED POLICIES**

Preventive Services for BlueCHiP for Medicare Preventive Services for Commercial Members

#### **PUBLISHED**

Provider Update, March 2017

Provider Update, March 2016

Provider Update, May 2015

Provider Update, April 2014

Policy Update, September 2005

#### **REFERENCES**

RIGL Mandate 27-20-17. Accessed on 2/11/2014: 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 12/29/2016: 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 12/29/2016:

http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancerearly-detection-acs-recs

# ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

