



**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)

The following codes are intended for use when filing claims for BlueCHiP for Medicare only and are covered for BlueCHiP for Medicare products.

For Commercial products, the following HCPCS codes should not be used. Claims for Commercial products should be filed with one of the above CPT codes.

**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-cancer-early-detection-ac-recs>

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