



**EFFECTIVE DATE:** 06|01|2005  
**POLICY LAST UPDATED:** 03|17|2015

## 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

Mammograms and Pap smears are covered services for BlueCHiP for Medicare and Commercial products.

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 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**

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.

### **Pap Smears**

- Women between ages 21 and 29 should have a Pap test every 3 years.
- Women between ages 30 and 65 should have a Pap test every 3 or 5 years.
- Women over age 65 who have had regular cervical cancer testing with normal results should not be tested for cervical cancer. 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 continues past age 65.
- A woman who has had her uterus removed (and also her cervix) 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 members:

77051  
77052  
77055  
77056  
77057

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.

G0202  
G0204  
G0206

### **Pap Smears**

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

88141  
88142  
88143  
88147  
88148  
88150

88152  
88153  
88154  
88164  
88165  
88166  
88167  
88174  
88175

**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**

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, 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>

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