



EFFECTIVE DATE: 06|01|2005
POLICY LAST UPDATED: 01|05|2016

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.

Pap Smears

- Women between the ages of 21 and 29 should have a Pap test every 3 years.
- 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

77052

77055

77056

77057

The following codes are covered for BlueCHiP for Medicare products:

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 products:

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 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 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>

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