

Medical Coverage Policy | Mammograms and Pap Smears Mandate



EFFECTIVE DATE: 06|01|2005

POLICY LAST UPDATED: 02|18|2014

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).

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.

MEDICAL CRITERIA

Not applicable.

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."

COVERAGE

Benefits may vary between groups. Please refer to the appropriate member certificate/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.

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 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 Apr 2014

Policy Update Sep 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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