



Subject: Cervical Cancer Screening

Effective Date: May 23, 2006

Department(s): Utilization Management

Policy: Cervical cancer screening and/or diagnostic testing is reimbursable under Plans administered by QualCare, Inc., according to guidelines in this policy.

Objective: To provide proper and consistent reimbursement for medically necessary screening and/or diagnostic testing.

Procedure:

A. Cervical cancer screening using conventional or liquid-based Papanicolaou (Pap) smears is reimbursable under the following circumstances:

1. As part of an annual gynecologic examination in women who are or have been sexually active and/or are ≥ 21 years of age (whichever comes first), **(multiple CPT codes from 88141-88175 and HCPCS codes G0141, G0147, G0148)**. Alternatively for women age 30-65 years, co-testing with cytology and human papilloma virus (HPV) every 5 years. For individuals under age 21 years if there is a history of human immunodeficiency virus (HIV) infection or are otherwise immunocompromised.

2. When there is a diagnosis of any malignancy of the female genital tract.
3. When there is clinical evidence of illness requiring diagnosis by Pap smear including but not limited to chronic cervicitis.
4. When there is a history of gynecological surgery for cancer
5. When there is a history of in utero exposure to diethyl stilbesterol (DES)
6. In the presence of any of the following risk factors for cervical cancer:
 - a. Immunosuppression
 - b. Prior cervical, vaginal, or vulvar cancer
 - c. HIV infection
 - d. History of genital HPV infection
 - e. Previously abnormal Pap smear
 - f. Previous sexually transmitted disease
 - g. Multiple sexual partners

B. Automated liquid-based thin-layer slide preparation methods (including but not limited to: Thin Prep, **CPT 88142, 88143, 88174, 88175** and **HCPCS G0123, G0124, G0143, G0144, G0145**) are reimbursable as an alternative to conventional Pap smears; and automated cervical cancer slide interpretation systems (**CPT 88147, 88148**) are reimbursable if used as an adjunct to cervical cancer screening.

C. Testing for human papilloma virus (HPV) DNA (**CPT 87624, 87625, G0476**) is reimbursable when there are atypical squamous cells of undetermined significance (ASCUS) or annually in women from 30 to 65 years of age, in combination with conventional Pap smear or liquid-based studies.

D. The following screening tests for cervical cancer are NOT reimbursable:

- a. Cervicography
- b. Speculoscopy (Pap-Sure)
- c. Video colpography
- d. Spectroscopy/optical detection systems(i.e. the Luma cervical imaging system)
- e. Resolve™ laboratory testing Kit
- f. Ikonisys OncoFISH test
- g. High risk Human Papilloma Virus testing alone

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.