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), with conventional or liquid-based Pap smears (multiple CPT codes from 88141-88175 and HCPCS codes G0141, G0147, G0148)

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 87620, 87621 or 87622) 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 

References


Sawaya GF, Kulasingam S, Denberg TD, Qaseem A; Clinical Guidelines Committee of the American College of Physicians. Cervical Cancer Screening in Average-Risk Women: Best Practice Advice From the Clinical Guidelines Committee of the American College of Physicians Ann Intern Med. 2015;162(12):851-9(Jun)

Huh WK1, Ault KA, Chelmow D, Davey DD, Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. Obstet Gynecol. 2015;125(2):330-7(Feb)


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