If a conflict arises between a Payment and Coding Policy ("PCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a PCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Cervical Cancer Screening

Policy Number: CPCPLAB002

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: March 1, 2024

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

The criteria below are based on recommendations by the U.S. Preventive Services Task Force, the National Cancer Institute, NCCN, the American Society for Colposcopy and Cervical Pathology, the American Cancer Society, the American Society for Clinical Pathology, and the American College of

Obstetricians and Gynecologists. Within these reimbursement criteria, “individual(s)” is specific to individuals with a cervix.

1. In immunosuppressed individuals, **any one** of the following cervical cancer screening techniques **may be reimbursable**:
    a. Annual cervical cytology testing for individuals less than 30 years of age
    b. Co-testing (cervical cytology and HPV) once every 3 years for individuals 30 years of age or older.

2. For individuals 21 to 29 years of age, cervical cancer screening once every 3 years using conventional or liquid based Papanicolaou (Pap) smears **may be reimbursable**.

3. For individuals 30 to 65 years of age, **any one** of the following cervical cancer screening techniques **may be reimbursable**:
    a. Conventional or liquid based Pap smear once every 3 years;
    b. Cervical cancer screening using the high-risk HPV test alone once every 5 years;
    c. Co-testing (cytology with concurrent high-risk HPV testing) once every 5 years.

4. For individuals who are over 65 years of age **and** who are considered high-risk (individuals with a high-grade precancerous lesion or cervical cancer, individuals with in-utero exposure to diethylstilbestrol, or individuals who are immunocompromised), cervical cancer screening at the frequency described in reimbursement criterion 3 **may be reimbursable.**

5. For individuals who are HPV positive **and** cytology negative, testing for high-risk strains HPV-16 and HPV-18 **may be reimbursable**.

6. Annual cervical cancer screening by Pap smear or HPV testing **may be reimbursable** in the following situations:
    a. For individuals who had a previous cervical cancer screen with an abnormal cytology result and/or who was positive for HPV;
    b. For individuals at high risk for cervical cancer (organ transplant, exposure to the drug DES, immunocompromised individuals).

7. For all situations not addressed above, cervical cancer screening (cervical cytology, HPV testing) for individuals less than 21 years of age **is not reimbursable.**

8. For individuals over 65 years of age who are not considered high risk **and** who have an adequate screening history, routine cervical cancer screening **is not reimbursable**. Adequate screening history is defined as either:
    a. Having three consecutive negative Pap smears;
    b. Having two consecutive negative HPV tests within 10 years before cessation of screening, with the most recent test occurring within 5 years.

9. For individuals who have undergone surgical removal of the uterus and cervix and who have no history of cervical cancer or pre-cancer, cervical cancer screening (at any age) **is not reimbursable**.

10. The following **are not reimbursable**:
    a. Inclusion of low-risk strains of HPV in co-testing;

b. Other technologies for cervical cancer screening.

For more information specifically regarding HPV, please refer to CPCPLAB51 Diagnostic Testing of Common Sexually Transmitted Infections.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
0500T, 87623, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091

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Policy Update History:

Effective Date	Summary of Changes
03/01/2024	Document updated with literature review. The following changes were made to Reimbursement Information: Removed #1: "1) In individuals who are under 21 years of age, cervical cancer screening may be reimbursable only when one of the following criteria are met: a) There is a history of HIV and/or other non-HIV immunocompromised conditions. b) There is a previous diagnosis of cervical cancer. c) There is a previous diagnosis of cervical dysplasia. d) There is a history of an organ transplant." Revised #2 to allow for screening in immunocompromised individuals of all ages (a – defines under age 30; b – defines over age 30). Switched the order of #4 and #5 so that testing for high-risk individuals over age 65 immediately follows frequency testing for those ages 30-65. #4 edited for clarity on frequency of testing allowed in high-risk individuals over age 65. Added #7 "For all situations not addressed above, cervical cancer screening (cervical cytology, HPV testing) for individuals less than 21 years of age is not reimbursable." As a result of the changes noted, reimbursement information criteria have been renumbered. References revised.
11/01/2023	Document updated with literature review. "Women" changed to "individuals" throughout reimbursement information section. Note added prior to Reimbursement Information: "The criteria below are based on recommendations by the U.S. Preventive Services Task Force,

	The National Cancer Institute, NCCN, The American Society for Colposcopy and Cervical Pathology, The American Cancer Society, The American Society for Clinical Pathology, and the American College of Obstetricians and Gynecologists. Within these coverage criteria, "individual" is specific to individuals with a cervix." Cervical cancer screening for individuals under the age of 21, previously considered not reimbursable, has change to "may be reimbursable" for individuals when one of the following are met: a history of HIV and/or other non-HIV immunocompromised conditions; previous diagnosis of cervical cancer; previous diagnosis of cervical dysplasia; history of organ transplant. Other revisions made for clarity. References updated.
11/1/2022	New policy