



**EFFECTIVE DATE:** 06|01|2005  
**POLICY LAST UPDATED:** 11|03|2021

## 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

### Medicare Advantage Plans 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 Medicare Advantage Plans, 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 year, or can continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 more years. or longer.

### Pap Smears

- Cervical cancer testing (screening) should begin at age 25.
- Those aged 25 to 65 should have a primary HPV test\* every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test alone every 3 years.  
(\*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.)

***The most important thing to remember is to get screened regularly, no matter which test you get.***

- Those over age 65 who have had regular screening in the past 10 years with normal results and no history of CIN2 or more serious diagnosis within the past 25 years should stop cervical cancer screening. Once stopped, it should not be started again.
- People who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical cancer or serious pre-cancer. People who have had a hysterectomy without removal of the cervix (called a **supra-cervical hysterectomy**) should continue cervical cancer screening according to the guidelines above.
- People who have been vaccinated against HPV should still follow these guidelines for their age groups.

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 Medicare Advantage Plans and Commercial products:

**77065** Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

**77066** Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral

**77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

### **Pap Smears**

The following codes are covered for Medicare Advantage Plans and Commercial products:

- 88141** Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
- 88142** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
- 88143** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening under physician supervision
- 88147** Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
- 88148** Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
- 88150** Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
- 88152** Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
- 88153** Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
- 88164** Cytopathology, slides, cervical or vaginal (Bethesda System); manual screening under physician supervision
- 88165** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and rescreening under physician supervision
- 88166** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
- 88167** Cytopathology, slides, cervical or vaginal (Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- 88174** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
- 88175** Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
- G0476** Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test

The following codes are covered for Medicare Advantage Plan members:

Note: These codes are intended for use when filing claims for Medicare Advantage Plans only. Claims for Commercial products should be filed with the appropriate CPT code.

- G0123** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
- G0124** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
- G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
- G0143** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
- G0144** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision

- G0145** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
- G0147** Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision
- G0148** Screening cytopathology smears, cervical or vaginal; performed by automated system with manual rescreening

### **Medicare Advantage Plans and Commercial Products**

The following codes are covered but not separately reimbursed:

- G0101** Cervical or vaginal cancer screening; pelvic and clinical breast examination
- P3000** Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
- P3001** Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
- Q0091** Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

### **RELATED POLICIES**

Non-Reimbursable Health Service Codes  
Preventive Services for Medicare Advantage Plans  
Preventive Services for Commercial Members

### **PUBLISHED**

Provider Update, January 2022  
Provider Update, June 2020  
Provider Update, April 2019  
Provider Update, March 2018  
Provider Update, March 2017

### **REFERENCES**

1. RIGL Mandate 27-20-17. Accessed on 10/26/2021  
<http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-17.HTM>
2. American Cancer Society Guidelines for the Early Detection of Cancer.  
<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>
3. American Cancer Society recommendations for early breast cancer detection in women without breast symptoms. Accessed 10/26/2021:  
<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>
4. The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer Accessed 10/26/2021:  
<https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html>

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