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, 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**

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<td>Sep  2005</td>
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**REFERENCES**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.