



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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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

Plan CMO Approval Date: July 27, 2022

Plan Effective Date: January 1, 2023

Description

BCBSNM 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:

1. Annual cervical cancer screening **may be reimbursable** for women 18 years of age and older; and for women who are at risk for cancer or at risk of other health conditions that can be identified through cytologic screening.
2. HPV testing **may be reimbursable** once every three (3) years for women aged 30 and

older.

3. Cervical cancer screening (at any age) **is not reimbursable** for women who have undergone surgical removal of uterus and cervix and have no history of cervical cancer or pre-cancer.
4. 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

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:

1/1/2023	New policy
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