

Department of Origin: Integrated Healthcare Services	Effective Date: 04/11/23
Approved by: Chief Medical Officer	Date Approved: 04/07/23
Clinical Policy Document: Preventive Coverage for Cervical Cancer Screening	Replaces Effective Clinical Policy Dated: 07/26/22
Reference #: MP/P018	Page: 1 of 5

The Patient Protection and Affordable Care Act of 2010 (the “ACA”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from participating providers. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

For fully insured individual, small and large groups, additional preventive services are covered in accordance with applicable state statutes.

PURPOSE:

The intent of this clinical policy is to provide guidelines for health care services covered at the preventive, no-cost sharing level of benefit for cervical cancer screening. Coverage of medications at the preventive, no cost-sharing level of benefit are not addressed in this policy.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Health care services are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

COVERAGE:

- The services are 100% or fully covered by the plan when they are received from participating providers. The plan’s benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable nonparticipating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for your coverage.
- As new recommendations are issued or updated, coverage must commence in the next plan year that begins on or after exactly one year from the recommendation’s issue date.
- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.

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- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and to the plan's usual policies, processes and requirements.

BACKGROUND:

This coverage position is based on the following:

- August 2018 USPSTF Final Recommendation Statement for Cervical Cancer: Screening, including the following clinical consideration:

Patient Population Under Consideration

This recommendation applies to all asymptomatic individuals with a cervix, regardless of sexual history. The recommendation does not apply to women who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who have a compromised immune system (eg, women living with HIV).

- Comprehensive guidelines supported by the Health Resources & Services Administration (HRSA) for women, as found in the Women's Preventive Services Guidelines and for infants, children, and adolescents, as found in the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC).

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USPSTF RECOMMENDED PREVENTIVE CERVICAL CANCER SCREENING ⁶		
Coverage Provision Date of Release and Rating	Services and Codes	Notes
Cervical Cancer Screening USPSTF (Aug 2018): A The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	Cervical Cytology (Papanicolaou test) Procedure Code(s): G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 ICD-10 Diagnosis Code(s): No specific diagnosis codes required	Allow cervical cytology alone, once every 3 years for ages equal to or greater than age 21 through age 65 years. Allow cervical cytology in conjunction with HPV testing once every 5 years for equal to or greater than age 30 through age 65 years. No specific diagnosis codes required
	Cervical Cytology (Papanicolaou test) Procedure Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 ICD-10 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	Allow cervical cytology alone, once every 3 years for ages equal to or greater than age 21 through age 65 years. Allow cervical cytology in conjunction with HPV testing once every 5 years for equal to or greater than age 30 through age 65 years. Covered when billed with one of the diagnosis codes in this row
	Human Papillomavirus DNA Testing (HPV) Procedure Code(s): 0500T, 87624, 87625, G0476 ICD-10 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4	Allow once every 5 years for ages equal to or greater than age 30 through age 65 years when done alone or in conjunction with cervical cytology Covered when billed with one of the diagnosis codes in this row

Department of Origin: Integrated Healthcare Services	Effective Date: 10/12/20
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HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO CERVICAL CANCER SCREENING SERVICES ⁷		
Coverage Provision	Services and Codes	Notes
The Women's Preventive Services Initiative recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, the Women's Preventive Services Initiative recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.	See above	See above

BRIGHT FUTURES ⁸		
Coverage Provision	Services and Codes	Notes
Cervical dysplasia – Pap Smear All young women at the 21 year visit	See above	See above

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

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If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

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Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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