If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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, clinical 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

Approval Date: Sept. 26, 2025

Plan Effective Date: Jan. 3, 2026

Description

The Plan 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. For immunocompromised or immunosuppressed individuals, **any one** of the following cervical cancer screening techniques **may be reimbursable**:
    a. Annual cervical cytology testing for individuals of all ages.
    b. Co-testing (cervical cytology and high-risk HPV [hr-HPV] testing) 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 (hr-HPV) test alone once every 5 years;
    c. Co-testing (cytology with concurrent high-risk HPV [hr-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 (DES), cervical cancer screening at the frequency described in reimbursement criterion 3 **may be reimbursable.**

5. For individuals who are pooled hr-HPV positive, nucleic acid testing for high-risk strains HPV-16 and HPV-18 **may be reimbursable**.

6. For individuals 65 years of age or younger, annual cervical cancer screening by Pap smear or hr-HPV testing **may be reimbursable** in **any** of 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).

7. For all situations not addressed above, cervical cancer screening (i.e., 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 immunocompromised, immunosuppressed, or who are not considered high risk for developing cervical cancer (i.e., had abnormal cytology or previously tested positive for hr-HPV), routine cervical cancer screening **is not reimbursable**.

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. Testing for low-risk HPV **is not reimbursable.**

11. For cervical cancer screening, all other technologies not discussed above **are not reimbursable.**

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
87623, 87624, 87625, 87626, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 0502U, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/26/2025	01/03/2026; Document updated with literature review. The following changes were made to Reimbursement Information: #5 revised to state: For individuals who are pooled hr-HPV positive, nucleic acid testing for high-risk strains HPV-16 and HPV-18 may be reimbursable. #8 revised to state: For individuals over 65 years of age who are not immunocompromised, immunosuppressed, or who are not considered high-risk for developing cervical cancer (i.e., had abnormal cytology or previously tested positive for hr-HPV), routine cancer screening is not reimbursable. Added #10: Testing for low-risk HPV is not reimbursable. Added #11 For cervical cancer screening, all other technologies not discussed above are not reimbursable. Removed code 0500T. References revised.
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added immunocompromised to #1; revised 1a to include individuals of all ages (was individuals less than 30 years of age); revised 1b to state high-risk HPV testing; removed "or individuals who are immunocompromised" from #4; added "nucleic acid" to #5; Added "For individuals 65 years of age or younger" to #6 and removed "immunocompromised individuals" from 6b. Added code 87626. References revised.
09/13/2024	01/01/2025: New policy.