CANCER SCREENING OF THE CERVIX
MED207.092
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COVERAGE:

Cervical Pap Smears are considered medically necessary as:
1. A method of cancer screening for all women who are or who have been sexually active or who have reached 18 years of age.
2. A method to diagnose genital infections and/or abnormal or atypical cells, and,
3. An aid in evaluation of hormonal levels.

NOTE: Preparation of Pap smears using a monolayer slide preparation product (ThinPrep®) or re-screening of Pap smears using automated slide reading (Papnet®, AutoPap/300®) is considered medically necessary.

Speculoscopy (Pap Plus Speculoscopy®), and Cervioctography (Cervioctography™) are considered experimental, investigational and/or unproven.

DESCRIPTION:

Cervical Pap Smears were introduced in the 1940's as a method of preventing invasive cervical cancer by the early detection of cervical lesions.

Cancer screening of the cervix is used to identify women at risk for cervical cancer. Diagnostic tools available to establish those at risk for cervical cancer, include but are not limited to;
1. Papanicolaou (Pap) Smear; a cytopathology examination used primarily to study cells from the cervix. A sample of cervical cells is used in the preparation of a slide for microscopic analysis. This test is designed for the early detection of cervical carcinoma before the lesion advances into the stage where symptoms are present.
2. ThinPrep (Thin-layer cytology); This test was designed as an alternative to Pap smear, to produce a monolayer slide, a technique dispersing the collected cell sample in a liquid medium, collecting cells in a filter and depositing them in a thin layer on the slide. This method represents a form of slide preparation, not a method of slide interpretation.
3. Hybrid capture testing for human papillomavirus (HPV). This test is designed to differentiate between HPV DNA groups and high intermediate risk HPV types in cervical specimens. The test is used as an adjunct to traditional Pap smear when results indicate ASCUS or LSIL. Current literature shows a high association between the human papillomavirus (HPV) and the incidence of cervical cancer.
4. Pap Plus Speculoscopy; a cervical screening test performed after a Pap smear, which involves the use of a chemiluminescent light called a Speculite™. Visualization is aided by using a 4-6X magnification to view the cervical-vaginal area after a mild (3%) acetic acid wash.
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has been applied. This test is designed to identify any abnormal cervical areas revealing white lesions against a blue background.

5. Cervicography; is an adjunct to cervical Pap smear in which a picture is taken of the cervix with a specialized macro lens strobe-flash camera. After the cervix has been swabbed with an acetic acid solution, a picture is taken of the cervix with a special camera, (Cerviscope®) the photographs referred to as cervigrams are sent to a central laboratory (National Testing Laboratories, the worldwide exclusive licensee of the product) for interpretation.

Automated slide reading systems;

1. Papnet®, a technique for re-screening conventionally prepared slides that were diagnosed as negative on initial manual screening. This process relies on neural networks to identify images, abnormal cells or cell clusters. Cell clusters are marked using this computerized algorithm, to identify slides that are likely to contain abnormal cells.

2. AutoPap/300 QC System®, a technique for re-screening conventionally prepared slides that were diagnosed as negative on initial manual screening. More recently, as a technique for primary screening, to identify normal Pap smears that would not require further manual reading. This system relies on a statistical classifier to rate the likelihood of abnormalities.

RATIONALE:

Cervicography has been investigated both as a technique to increase the sensitivity of Pap smears and as a triage method to identify which patients with low grade atypical Pap smears need further evaluation by colposcopy with biopsy. Current literature has shown that patients reported with atypical squamous cell of uncertain significance (ASCUS), or low grade squamous intra epithelial lesion (LSIL) only 20% are shown at colposcopy to actually have a high-grade lesion. Both the specificity and positive prediction value of Cervicography is considerably lower than Pap smears. Cervigrams are interpreted as negative, atypical, positive, or defective. Furthermore, many low-grade lesions will spontaneously regress.

Speculoscopy is intended to be an adjunctive procedure to routine pelvic examination and Pap smear in the diagnosis of cervical abnormalities. The current multivariate literature analysis indicated the Speculoscopy did not increase the detection of LSIL or HSIL significantly.

PRICING:
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None

REFERENCES:

ACOG Committee Opinion, Routine Cancer Screening, Number 185, September 1997, pages 1-2.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.