

PreferredOne

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| DEPARTMENT: | Pricing & Payment | APPROVED DATE: 09/30/2018 |
| POLICY DESCRIPTION: | Cervical Cancer Screening, Women Age 13-20 | |
| EFFECTIVE DATE: | 1/1/2019 | |
| PAGE: | 1 of 1 | REPLACES POLICY DATED: |
| REFERENCE NUMBER: | P#33 | RETIRED DATE: |

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for the billing of Cervical Cancer Screening (PAP Smear) for women younger than 21. According to Choosing Wisely campaign, most observed abnormalities in adolescents regress spontaneously; therefore Pap smears for this age group can lead to unnecessary anxiety.

POLICY: PreferredOne will not reimburse for a cervical cancer screening performed for women younger than 21 years old.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandated by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
2. Any claim for a member who receives a cervical cancer screening (PAP smear) who are ages 13 – 20 will not be reimbursed.
3. Exclusions: Members with cancerous diagnosis codes, primary or secondary, any time throughout claim history.

DEFINITIONS:

REFERENCES: Medical Management Document on Coverage Determination Guidelines MP/C009