Billing Policy
To: All Aetna Better Health of Louisiana Providers
Date: 6/27/2017

Policy Type: Pap Smear.

Policy
I. Consistent with guidelines from the U.S. Preventive Services Task Force and the American College of Obstetricians and Gynecologists (ACOG), Aetna considers annual cervical cancer screening with conventional or liquid-based Papanicolaou (Pap) smears a medically necessary preventive service for nonhysterectomized women age 21 years and older.

II. Aetna considers Pap screening medically necessary beginning in adolescence in HIV-infected women. The ACOG guidelines on cervical cancer in adolescents (2010) recommend that adolescents with HIV have cervical cytology screening twice in the first year after diagnosis and annually thereafter.

III. Aetna considers Pap screening medically necessary in sexually active immunocompromised adolescent women, including those who have received an organ transplant or those with long-term steroid use. According to ACOG guidelines (2010), sexually active immunocompromised adolescents, including those who have received an organ transplant or those with long-term steroid use, should undergo screening after the onset of sexual activity and not wait until 21 years of age. The testing should be done at 6-month intervals during the first year of testing and then annually thereafter.

IV. Aetna considers Pap screening medically necessary beginning in adolescence in women diagnosed with cervical dysplasia or cervical cancer, with testing twice in the first year after diagnosis and annually thereafter.
V. Aetna considers Pap smears medically necessary beginning in adolescence in sexually active women who have been exposed in utero to diethylstilbestrol (DES). Testing should begin after the onset of sexual activity, and should be done at 6-month intervals during the first year of testing and then annually thereafter.

VI. Aetna considers Pap smear screening experimental and investigational for all other women under 21 years of age because they have no proven value for these younger women.

VII. Aetna considers Pap smear screening not medically necessary for women who have undergone complete (total) hysterectomy for benign disease (e.g., no evidence of cervical neoplasia or cancer) or have absent cervix.

Note: Medically necessary cervical cancer screening is covered under plans that cover routine physical exams, routine gynecological exams and/or routine Pap smears. Please check benefit plan descriptions for details.

VIII. Aetna considers diagnostic Pap smears medically necessary when any of the following conditions is met:

A. Pap smear is accompanied by a diagnosis of a malignancy of the female genital tract (i.e., cervix, ovary, uterus, or vagina); or
B. There is a description of symptoms or a disease requiring diagnosis by a Pap smear, for example:

1. Abnormal vaginal bleeding or discharge
2. Chronic cervicitis
3. Vaginal tumor; or

C. Following gynecological surgery for cancer; or
D. Member has been exposed to diethylstilbestrol (DES); or
E. Member has any of the following risk factors for cervical cancer:

1. History of cervical, vaginal or vulvar cancer
2. HIV infection
3. History of genital HPV infection
4. Immunosuppression
5. Multiple sexual partners
6. Previously abnormal Pap smear
7. Previous sexually transmitted disease.

Aetna considers diagnostic Pap smears experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established.

IX. Aetna considers automated liquid-based thin-layer slide preparation methods (e.g., ThinPrep® PapTest™, SurePrep™ Liquid Based Pap Test, AutoCyte PREP System™) medically necessary as an alternative to conventional Pap smears when the criteria for conventional Pap smears are met.

X. Aetna considers automated cervical cancer slide interpretation systems (e.g., FocalPoint Slide Profiler (formerly AutoPap), PAPNET) a medically necessary adjunct to cervical cancer screening.

XI. Aetna considers testing for high-risk strains of human papilloma virus (HPV) DNA using Food and Drug Administration (FDA)-approved techniques (e.g., Hybrid Capture II, cobas HPV PCR) medically necessary for women with any of the following indications:

A. Assessment of women with atypical squamous cells of undetermined significance (ASCUS). This is consistent with the National Cancer Institute's interim guidelines for managing abnormal cervical cytology as well as the position of the American Society for Colposcopy and Cervical Pathology (ASCCP) for the management of ASCUS.

B. Follow-up of women with ASCUS who have a previously positive HPV DNA test and negative colposcopy results within the past 2 years.

C. Follow-up of women with low-grade squamous intra-epithelial lesions (LSIL) who have had negative colposcopy results within the past 2 years.
D. Follow-up of women with atypical squamous cells: Cannot exclude high-grade SIL (ASC-H) who have negative colposcopy results within the past 2 years.

E. Use in combination with Pap smears for screening women aged 30 years and older. If this combination is used for screening, it is not considered medically necessary to re-screen women who receive negative results on both tests more frequently than every 3 years.

F. Assessment of women with atypical glandular cells not otherwise specified (AGC NOS).

G. Follow-up of women with AGC NOS who have had negative colposcopy results within the past 2 years.

Note: The medically necessary indications for HPV DNA testing are not affected by pregnancy status.

XII. Aetna considers HPV testing experimental and investigational for the following indications:

A. Use of HPV tests as a primary screening test for cervical cancer in women younger than 30 years of age. According to evidence-based guidelines from the U.S. Preventive Services Task Force, the medical literature does not support HPV testing as a screening test for cervical cancer for younger individuals whose cervical cytology is normal or is unknown.

B. For selecting candidates for cervical cancer vaccine. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices does not recommend HPV testing to select persons for cervical cancer vaccine.

C. For testing members with definitively positive cervical cytology, other than follow-up of women with ASC-H, LSIL or AGC NOS and negative colposcopy.


E. Testing of men.

F. Use for indications other than detection of cervical cancer, such as testing for infection following exposure to HPV.

G. For use in girls and women less than 21 years of age.

H. Use for all indications other than those listed in section XI above.
XIII. Aetna considers cervicography or speculoscopy (Pap-Sure) experimental and investigative for the screening or diagnosis of cervical cancer because of a lack of adequate clinical studies related to their use for these indications.

XIV. Aetna considers video colpography experimental and investigational for cervical cancer screening or diagnosis because of a lack of adequate evidence of its effectiveness for these indications.

XV. Aetna considers spectroscopy/optical detection systems (e.g., the Luma cervical imaging system) experimental and investigational for cervical cancer screening or diagnosis because of insufficient evidence of their effectiveness for these indications.

XVI. Aetna considers the Resolve™ laboratory testing kit (Gynecor™, Glen Allen, VA) experimental and investigational for cervical cancer screening or diagnosis because of insufficient evidence of its effectiveness for these indications.

XVII. Aetna considers the use of methylation markers for cervical cancer screening experimental and investigational because of insufficient evidence of their effectiveness.

XVIII. Aetna considers fluorescence in-situ hybridization (FISH) testing (e.g., the Ikonisys oncoFISH cervical test) for cervical cancer screening or diagnosis experimental and investigational because of insufficient evidence of its effectiveness.

XIX. Aetna considers p16/Ki-67 dual staining for cervical cancer screening experimental and investigational because of insufficient evidence of its effectiveness.

Full policy can be found at: http://www.aetna.com/cpb/medical/data/400_499/0443.html

For questions or concerns, please contact Aetna Better Health of Louisiana Provider Relations by calling 1-855-242-0802, and selecting option 2 then option 6.

Thank you,

Aetna Better Health of Louisiana