



BlueCross BlueShield
of New Mexico

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 New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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: 09/26/2025

Plan Effective Date: 01/03/2026

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. Annual cervical cancer screening **may be reimbursable** for individuals 18 years of age and older; and for individuals who are at risk for cancer or at risk of other health conditions that can be identified through cytologic screening.
2. HPV testing **may be reimbursable** once every three (3) years for individuals aged 30 and older.
3. 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**.
4. For cervical cancer screening, all other technologies not discussed above **are not reimbursable**.

For more information specifically regarding HPV, please refer to CPCPLAB051 Diagnostic Testing of Common Sexually Transmitted Infections.

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, 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 change was made to Reimbursement Information: #4 revised to state: For cervical cancer screening, other technologies not discussed above are not reimbursable. Added code 87626; removed 88141, 0500T. References revised.
10/30/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. Added code 0502U. References updated; some added, others revised.
11/01/2023	11/01/2023: Document updated with literature review. "Women" changed to "individuals" throughout reimbursement information section. Note added prior to 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 coverage criteria, "individual" is specific to individuals with a cervix." References updated.
1/1/2023	01/01/2023: New policy