Medical Policy
Speculoscopy

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Policy Number: 568
BCBSA Reference Number: 4.01.15
NCD/LCD: NA

Related Policies
- Cervicography #630

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Speculoscopy, with or without directed sampling as an adjunct to a program of cervical cancer screening including initial or repeat Papanicolaou (Pap) smears or DNA testing for human papillomavirus (HPV), is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services:
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

Description
Speculoscopy refers to a visual examination of the cervix that uses specialized blue-white chemiluminescence along with acetic acid and low-power magnification. Epithelial cells with increased keratinization and nuclear cytoplasmic ratios have an increased light reflection and appear white, in clear distinction to the dark blue of the normal epithelium. The presence of white lesions is considered a positive result; these areas may then be sampled for cytologic evaluation. Speculoscopy is thought to potentially increase the sensitivity of cervical cancer screening by enhancing the visual inspection of the cervix. It is used as an adjunct to conventional screening with Papanicolaou (Pap) smears and as a method of triaging women with atypical Pap smears prior to colposcopy.

Management of women with atypical Pap smears has evolved over the past several years, with a focus on various strategies to select those women with high-risk lesions who would benefit from further evaluation with colposcopy.

Other methods of enhanced visual inspection of the cervix, including cervicography and colposcopy, are not addressed in this policy.

Summary
There is insufficient evidence on the diagnostic accuracy of speculoscopy added to Pap smears compared to Pap smears alone. In addition, there is insufficient evidence on the diagnostic accuracy of speculoscopy for triaging women with a positive Pap smear to additional follow-up such as repeat cytology or HPV testing. Thus, speculoscopy is considered investigational.

Policy History

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<tr>
<th>Date</th>
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<tr>
<td>1/1/2011</td>
<td>Medical Policy 568 created.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


