Medical Policy
Cervicography

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Policy Number: 630
BCBSA Reference Number: 2.04.04A

Related Policies
None

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

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<tr>
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<th>Outpatient</th>
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<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<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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<td>Medicare PPO BlueSM</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. 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
Cervicography refers to the use of a specialized camera to take standardized images of the cervix after application of acetic acid. The photographs, referred to as cervigrams™, are static photographic images of the cervix similar to those seen during low-level magnification colposcopy. The images are sent to a central laboratory for interpretation as negative, atypical, positive, or defective.

Cervicography has been investigated in three general settings:
- As an alternative to Pap smear screening as a primary screening technique for cervical cancer,
- As an adjunct to routine Pap smear screening to improve the sensitivity of Pap smear screening for cervical cancer, and
- As a triage technique for colposcopy in patients found to have low-grade lesions on Pap smear specimens.

An example of an imaging device for viewing tissues of the vagina and cervix is the Cerviscope Optical System from Fotomedics. All cervicography is considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
Cervicography alone has an inferior sensitivity compared to cytology, and therefore is not recommended in settings where adequate cytology services are available. As an adjunct to Pap smear screening, cervicography may increase the sensitivity for detecting cervical abnormalities, but will decrease the specificity, potentially resulting in increased referrals for colposcopy. As a triaging strategy for patients with mildly abnormal cytology results, cervicography is a promising technique that appears to be similar in terms of positive and negative predictive values compared to other options, including repeat cytology or HPV testing. However, if the original Pap smear was collected in a liquid medium, subsequent HPV testing in patients whose cytology was mildly abnormal could be done on the same sample. Therefore, these patients do not need to return for a repeat office visit. Both repeat Pap smear and cervicography would require an additional office visit. At present, no clinical guidelines are available from the American College of Obstetricians and Gynecologists, U.S. Preventive Services Task Force, or related organizations that recommend the use of cervicography in any of the above clinical situations.

Policy History

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                   No changes to policy statements.                                    |
| 9/2008  | BCBSA National medical policy review. No changes to policy statements.  |
| 7/2008  | BCBSA National medical policy review. No changes to policy statements.  |
| 8/2007  | BCBSA National medical policy review. No changes to policy statements.  |
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