

<p>NM Department of Health Breast and Cervical Cancer Early Detection Program</p> <p>POLICY – Reimbursement for Pre-Service Prior Authorized Cervical Diagnostic Excisional Procedures</p>	
<p>Policy Title: Reimbursement for Cervical Diagnostic Excisional Procedures including Loop Electrosurgical Excision Procedure (LEEP), Loop Electrosurgical Conization, Cold Knife Conization, and Laser Conization</p>	
<p>Effective Date: 2024</p>	

I. POLICY REFERENCE

To maintain adherence with the American Society for Colposcopy and Cervical Pathology (ASCCP) 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors, the New Mexico Breast and Cervical Cancer Early Detection Program (BCC) maintains its reimbursement policy for coverage of **pre-service prior authorized** diagnostic excisional procedures in the following circumstances:

- When the 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors algorithms are followed (Ref .1) [2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6711111/)
- In addition, the New Mexico BCC Program also recognizes the potential for other selected cases where tissue diagnosis is necessary but cannot be obtained by the usual colposcopic directed biopsy (i.e., inadequate colposcopy or recurrent CIN 2,3 or when endocervical sampling is CIN 2,3.)
- BCC program staff may review these situations for reimbursement of a diagnostic excisional procedure on a case-by-case basis with the requesting provider.

II. PURPOSE OF POLICY

To define the process and situations when BCC qualified program providers may be reimbursed for a cervical diagnostic excisional procedure.

III. APPLICABILITY

The New Mexico BCC Program will reimburse for cervical diagnostic excisional procedures on approved program participants who meet criteria when a program provider, with the following Physicians' Current Procedural Terminology Codes (CPT) as part of the Provider Agreement, performs the procedure:

- 57460 - Colposcopy with loop electrode, biopsy(s) of the cervix (Diagnostic only)
- 57461 - Colposcopy with loop electrode, conization of the cervix (Diagnostic only)
- 57520 - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (Diagnostic only)
- 57522 - Loop electrode excision procedure (LEEP) (Diagnostic only)

IV. PROCESS

The following process for approval and reimbursement for Diagnostic Excisional Procedures of the cervix must be followed for reimbursement under the BCC Program:

1. The provider or representative of practice will request preservice prior authorization from the assigned BCC Program Nurse Coordinator for a cervical diagnostic excisional procedure. The Program will not reimburse for any procedure unless a pre-service prior authorization has been authorized.
2. The provider performs the procedure as authorized or refers the patient to a BCC Provider who is authorized to perform the procedure.
3. The provider or representative of practice
 - a. Completes a HCFA with appropriate codes listed.
 - b. Attaches copies of the medical report, procedure notes, a copy of the prior authorization, and the BCC Screening & Eligibility Form.
 - c. Submits completed claim packet to the Albuquerque Program Office within 60 days of the procedure date.
4. BCC Program staff will process claim submission in accordance with established reimbursement process for cervical diagnostic excisional procedure(s).

V. REFERENCES

1. Perkins RB, Guido RS, Castle PE, Chelmow D, Einstein MH, Garcia F, Huh WK, Kim JJ, Moscicki AB, Nayar R, Saraiya M, Sawaya GF, Wentzensen N, Schiffman M; 2019 ASCCP Risk-Based Management Consensus Guidelines Committee. [2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors.](#) *J Low Genit Tract Dis.* 2020
2. Cheung LC, Egemen D, Chen X, Katki HA, Demarco M, Wiser AL, Perkins RB, Guido RS, Wentzensen N, Schiffman M. [2019 ASCCP Risk-Based Management Consensus Guidelines: Methods for Risk Estimation, Recommended Management, and Validation.](#) *J Low Genit Tract Dis.* 2020.
3. Schiffman M, Wentzensen N, Perkins RB, Guido RS. [An Introduction to the 2019 ASCCP Risk-Based Management Consensus Guidelines.](#) *J Low Genit Tract Dis.* 2020.
4. Clarke MA, Unger ER, Zuna R, Nelson E, Darragh TM, Cremer M, Stockdale CK, Einstein MH, Wentzensen N. [A Systematic Review of Tests for Postcolposcopy and Posttreatment Surveillance.](#) *J Low Genit Tract Dis.* 2020.
5. Clarke MA, Darragh TM, Nelson E, Unger ER, Zuna R, Cremer M, Stockdale CK, Einstein MH, Wentzensen N. [Reporting and Assessing the Quality of Diagnostic Accuracy Studies for Cervical Cancer Screening and Management.](#) *J Low Genit Tract Dis.* 2020.
6. Egemen D, Cheung LC, Chen X, Demarco M, Perkins RB, Kinney W, Poitras N, Befano B, Locke A, Guido RS, Wiser AL, Gage JC, Katki HA, Wentzensen N, Castle PE, Schiffman M, Lorey TS. [Risk Estimates Supporting the 2019 ASCCP Risk-Based Management Consensus Guidelines.](#) *J Low Genit Tract Dis.* 2020.