



4142 S Mingo Rd, Tulsa OK  
Contact info: Phone: 918-430-3588  
Email: Billing@plapath.com

**Patient Billing Acknowledgement Form Non-Covered Services- This form is required to be completed by ALL BCBS-OK patients with PAP smear order.**

Under your health plan, you are financially responsible for co-payments, co-insurance, and deductibles for covered services, as well as those services that exceed benefit limits. You are also financially responsible for all non-covered services as defined by your health plan contract. The services or products listed below are not covered according to your health plan. Your acknowledgement below indicates that you have been advised of this information and that you agree to pay for the listed services or products.

**Services to be provided Listed below:**

**Routine PAP smear: CPT codes 88175 and /or 88141**

- We believe BCBSOK will deny your PAP smear because they only cover a **routine PAP smear** every 3 years according to their policy effective November 1, 2022. If you still choose to have this service, the estimated cost is \$30.00 if BCBSOK does not cover this service, or you choose to wait and have this service once the 3 years has passed.

**Routine PAP Smear for High-Risk Patients: 88175 and 88141**

- We believe BCBSOK will deny your PAP smear because they only cover a **routine PAP smear once a year for high-risk patients**. If you still choose to have this service, the estimated cost is \$30.00 if BCBSOK does not cover this service, or you can choose to wait and have this service once the year has passed.

**Patient information and Acknowledgement:**

I \_\_\_\_\_ with DOB: \_\_\_\_\_ acknowledge that I have been told  
Patient Name- Printed or Typed

In advance by the ordering provider that the services listed above may not be covered by BCBS-OK due to their policy. I agree to pay for these non-covered services.

Patient /Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_



4142 S. Mingo Road, Tulsa, OK 74146 | Ph #: 918-417-6400 | Toll Free #: (833)-PLA-PATH | Fax #: 918-416-0508

[www.plapath.com](http://www.plapath.com)

## MEMORANDUM

To: All Pathology Laboratory Associates (PLA) Clients  
From: Pathology Laboratory Associates Administration and Billing Department  
Date: September 18, 2023

### Subject: Updated Payer Policies regarding Cervical Cancer screening by Pap Smear and HPV testing

PLA would like to make our clients aware of the updated BCBS reimbursement policies regarding Pap smears for cervical cancer screening. It is important to follow these guidelines to ensure services are reimbursed, keeping in mind patient care is the top priority. Effective 11/01/2022, BCBSOK has updated their reimbursement policies as part of their lab management reimbursement criteria, and it is very important to pay close attention to the guidelines to prevent any future denials. It is recommended to go over the policy with patients and all patients must have a non-coverage disclosure signed by the patient before the test is performed. This disclosure should be part of the requisition documents sent to PLA.

BCBS updated reimbursement policy details:

- Cervical cancer screening may be reimbursable in immunosuppressed women without an HIV infection in the following situations:
  - Annual cytology testing for individuals 30 years or younger
  - Every 3 years co-testing (cytology and HPV) for individuals 30 years or older
- For women 21 - 29 years of age, cervical cancer screening using conventional, or liquid based Papanicolaou (Pap) smears may be reimbursable at a frequency of every 3 years.
- For women 30 - 65 years of age, cervical cancer screening using conventional or liquid-based Pap smear at a frequency of every 3 years, or cervical cancer screening using the high-risk HPV test alone at a frequency of every 5 years, or co-testing (cytology with concurrent high risk HPV testing) at a frequency of every 5 years, may be reimbursable.
- Cervical cancer screening may be reimbursable for women >65 years of age who are considered high risk (women with a high-grade precancerous lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who are immunocompromised)
- Testing for high risk strains of HPV-16 and HPV-18 may be reimbursable if BOTH of the following co-testing criteria are present:
  - Cytology negative; AND HPV positive.
- Repeat cervical cancer screening by Pap smear or HPV testing in one year may be reimbursable if a previous cervical cancer screen had an abnormal cytology result and/or was positive for HPV, or if the woman is at high risk for cervical cancer (organ transplant, exposure to the drug DES, immunocompromised women)
- Cervical cancer screening for women under 21 years of age is not reimbursable unless one of the following criteria are met:
  - History of HIV and/or other Non-HIV immunocompromised conditions;
  - Previous diagnosis of cervical cancer.
  - Previous diagnosis of cervical dysplasia.
  - History of an organ transplant
- Routine cervical cancer screening is not reimbursable in women >65 years of age who are not considered high-risk and have an adequate screening history:
  - Three consecutive negative Pap smears, or
  - Two consecutive negative HPV tests within 10 years before cessation of screening, with the most recent test occurring within 5 years.
- Cervical cancer screening (at any age) is not reimbursable for women who have undergone surgical removal of uterus and cervix and have no history of cervical cancer or pre-cancer.

Reference: [cpcplab002-cervical-cancer-screening-09-01-22.pdf \(bcbsok.com\)](#)