PAPNET, AutoPap, AutoNet, ThinPrep Guidelines

Blue Cross and Blue Shield of Kansas OB/GYN liaison committee reaffirmed the experimental investigation status of automated Pap screenings (PAPNET, AutoNet, AutoPap) and thin layer screenings (ThinPrep).

On March 3, 1999, the liaison committee reviewed again the information regarding Pap smear technology. The committee did recognize that a limited number of patients may still insist on receiving these services. The committee was also concerned that providers would have the ability to collect from the patient when these services were requested by the patient.

BCBSKS will continue to reimburse for traditional Pap smear screening. If a patient insists on the automated Pap screening or the thin layer screening, she needs to be informed BCBSKS considers the test to be experimental/investigational and the cost of the screening will be her responsibility. Then a signed waiver form must be obtained.

Pap services should be billed under the following codes: 88150, 88153, 88164, and 88165. Any re-screening is considered content of service of these codes.

Any automated cervical cytopathology screenings (88147) or automated thin layer preparation (88142, 88143, 88144 or 88145) will be denied experimental/investigational.

For example: If a patient insists that a pap be verified by computer re-screening, the billing codes would be 88150, 88153, 88164 or 88165. For the automated screening, use code 88147. BCBSKS will reimburse for the pap and deny the automated screening code 88147.

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If you have explained to the patient the financial responsibility for the automated screening and obtain a specific patient waiver, then you may bill the patient for the automated screening portion of the service.

Furthermore, if you bill CPT codes 88152, 88154, 88166 or 88167, you will be reimbursed up to the MAP for the standard Pap smear screening (88150, 88153, 88164, 88165) and will not be able to charge separately for the automated re-screening portion.

For example: If a patient requested an automated re-screening procedure, you should bill with one of the standard Pap smear codes (88150, 88167), and then bill the automated screening using 88147. Again, 88147 would be denied experimental and would be either a provider write-off or the patient’s financial responsibility, depending upon whether a waiver has been obtained, while we would reimburse you for the 88150, 88153, 88164 or 88165.