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Benefits for ThinPrep®

Effective for services provided on or after January 1, 2000, Blue Cross and Blue Shield of Kansas will allow coverage for ThinPrep®, a monolayer slide-preparation product used to provide high-quality slides with a representative sampling of cells presented for examination.

The Maximum Allowable Payment (MAP) will be increased to reflect the cost of the ThinPrep® kit, which can be purchased for $9.75.

When submitting claims for ThinPrep®, please use the following CPT procedure codes:

88142 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

88143 with manual screening and rescreening under physician supervision

88144 with manual screening and computer-assisted rescreening under physician supervision

88145 with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

QUESTIONS:
Contact your Professional Relations Representative, or the Professional Relations Hotline at 1.800.432.3587, or in the Topeka area, 785.291.7060.

OUR WEB ADDRESS:
http://www.bcbsks.com

ACKNOWLEDGEMENT:
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The Blue Shield Report is Published by your Professional Relations Department
Blue Select Well Woman Benefits

In 1998, the Well Woman Benefit was added as a standard benefit to Blue Select contracts. As Well Woman Benefits, the following services are available without a referral from the Primary Care Physician (PCP) when provided by a contracting OB/GYN.

A. To identify patients who have this benefit, the insured's health identification card should have a 'WW' in the bottom left-hand corner. If you are uncertain whether or not the patient has Well Woman Benefits, the direct dial number for benefits, including patient eligibility for benefits, is 785-291-4183 (1-800-432-0272). If the individual is covered by a Blue Cross Blue Shield Plan OTHER THAN KANSAS, you need to call 1-800-676-BLUE (1-800-676-2583).

B. The Well Woman Benefit includes one gynecological examination, one pap smear and one mammogram per patient per benefit period.

C. For the service to be considered applicable to the Well Woman Benefit, BOTH an applicable procedure code(s) AND diagnosis code must be present on the claim. The Well Woman diagnosis code must be the primary diagnosis (first diagnosis position on the claim).

Claims with incorrect diagnosis/procedure code combinations for services connected to the Well Woman Benefit may be returned for corrected coding or may be paid at the lower self-referral level. Procedure codes on the claim BEYOND those identified as Well Woman procedures will process at the self-referral level if no referral is present.

1. PROCEDURE CODES

Following are the applicable procedure codes to submit services for Well Woman Benefits.

**Mammography**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76092</td>
<td>Screening mammography, bilateral (two view film study of each breast)</td>
</tr>
</tbody>
</table>

**Pap Smear**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88141</td>
<td>Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service)</td>
</tr>
<tr>
<td>88142</td>
<td>Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision</td>
</tr>
<tr>
<td>88143</td>
<td>with manual screening and rescreening under physician supervision</td>
</tr>
<tr>
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<td>with manual screening and computer-assisted rescreening under physician supervision</td>
</tr>
<tr>
<td>88145</td>
<td>with manual screening and computer-assisted rescreening using cell selection and review under physician supervision</td>
</tr>
<tr>
<td>88150</td>
<td>Cytopathology, slides, cervical or vaginal; manual screening under physician supervision</td>
</tr>
</tbody>
</table>
88152  With manual screening and computer-assisted rescreening under physician supervision
88153  With manual screening and rescreening under physician supervision
88154  With manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155  Cytopathology, slides, cervical or vaginal; definitive hormonal evaluation (eg, maturation index, karyopknotic index, estrogenic index)(List separately in addition to code(s) for other technical and interpretation services)
88164  Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165  with manual screening and rescreening under physician supervision
88166  with manual screening and computer-assisted rescreening under physician supervision
88167  with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

NOTE: Procedure codes 88147 and 88148 are considered experimental/investigational. No benefits are available for these services.

Handling Fee
99000  Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

NOTE: Use modifier 22 when sending specimen to an outside lab.

Evaluation and Management
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

G0101  Cervical or vaginal cancer screening; pelvic and clinical breast examination

When billing for the gynecological exam, use the appropriate evaluation/management procedure code OR the local code G0101.

2. DIAGNOSIS CODES

Following are the applicable diagnosis codes for Well Woman Benefits. Remember the diagnosis code must be the primary diagnosis on the claim (first diagnosis position on the claim).

V76.2  Cervix, special screening for malignant neoplasms
V72.3  Gynecological examination
V16.3  Breast, family history of malignant neoplasm
V25.01 Prescription of oral contraceptives
V25.02 Initiation of other contraceptive measures
V25.09 Other (family planning advice)
V25.40 Contraceptive surveillance, unspecified
V25.41 Contraceptive pill
V25.42 Intrauterine contraceptive device
V76.10 Breast screening, unspecified
V76.11 Screening mammogram for high-risk patient
V76.12 Other screening mammogram
V76.19 Other screening breast examination

D. If the Well Woman maximum is met (one per patient per benefit period), additional services will be processed at the self-referral level if performed by other than the patient's PCP and no referral is present. If performed or referred by the patient's PCP, benefits will be provided at the Primary Care level.

E. At this time, State of Kansas Blue Select insureds do NOT have the Well Woman Benefit. State of Kansas Premier Blue members DO have this benefit.