

Policy Title: Reimbursement for Endometrial and/or Endocervical Biopsy/Sampling

<p>New Mexico Department of Health Breast and Cervical Cancer Early Detection Program</p> <p>POLICY – Reimbursement for Endometrial and/or Endocervical Biopsy/Sampling</p>	<p>Policy Number:</p>
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<p>I. POLICY REFERENCE</p> <p>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 endometrial and/or endocervical biopsy/sampling for patients in the following circumstances:</p> <p>Initial work up Atypical Glandular Cells (AGC) found on cervical cytology:</p> <ul style="list-style-type: none">• All subcategories (except when atypical endometrial cells are specified, Any HPV result) → Colposcopy (with endocervical sampling if not pregnant.) and Endometrial sampling (if ≥ 35 years or age < 35 and at risk for endometrial neoplasia*)• Atypical Endometrial Cells on cervical cytology → Endometrial and Endocervical Sampling (Colposcopy may also be performed) <p>*Includes abnormal uterine bleeding, obesity, or conditions suggesting chronic anovulation See figure 3 from ASCCP.</p> <p>NOTE: ENDOMETRIAL BIOPSIES/SAMPLING WILL NOT BE REIMBURSED IF THE ONLY FINDING IS IRREGULAR / ABNORMAL UTERINE BLEEDING.</p>	
<p>II. PURPOSE OF POLICY</p> <p>To define the process and situations when BCC qualified program providers may be reimbursed for endometrial and/or endocervical biopsy/sampling</p>	

III. APPLICABILITY

The New Mexico BCC Program will reimburse for endometrial biopsy/sampling on program participants who meet the above criteria when a program provider, with the following Physicians' Current Procedural Terminology Codes (CPT) as part of the Provider Agreement, performs the endometrial biopsy/sampling:

- 58100 - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
- 58110 - Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)

IV. PROCESS

The following process for approval and reimbursement for Endometrial and/or Endocervical biopsy/sampling 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 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

Figure 3: Initial Workup of Atypical Glandular Cells (AGC)

