

U of M – Well-woman visit/ gynecological exam

Applies to:

- BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Blue Care
Network
of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Well-woman visits

A screening pelvic examination is performed when there is no specific complaint or symptom present. Such a screening pelvic exam may also be commonly referred to as an annual gynecological exam. The two terms are used interchangeably in this document. A screening pelvic examination helps detect precancers, genital cancers (ovarian and endocervical), infections such as sexually transmitted infections, or STIs, fibroid uterus and other genital, vaginal or reproductive abnormalities. STIs in women, particularly certain strains of genital warts, may increase the risk of cervical cancer. The screening pelvic examination evaluates the size and position of a woman's pelvic organs and can identify problems such as urinary incontinence.

Original Medicare

Original Medicare covers a broad range of preventive services, including screening Pap tests, screening pelvic examinations and Human Papillomavirus, or HPV, screening.

The screening Pap tests and pelvic examinations covered by Medicare are billable services separate from the initial preventive physical examination or the annual wellness visit. Medicare beneficiaries may obtain a screening Pap test and pelvic examination at any time following Medicare Part B enrollment, including during their IPPE or AWW.

Medicare Part B covers the following:

- A screening Pap test and pelvic examination for all asymptomatic female beneficiaries at normal risk every 24 months (at least 23 months after the most recent screening pelvic examination).
- A screening Pap test and pelvic examination annually for female beneficiaries at high risk (at least 11 months after the most recent screening pelvic examination). High risk female beneficiaries must meet at least one of the following criteria:
 - Evidence (based on their medical history or other findings) that they're at high risk for developing cervical or vaginal cancer and their physician (or authorized practitioner) recommends they have the test more frequently than every two years.
 - Female of childbearing age* who had a screening Pap test or pelvic exam during any of the previous three years indicating the presence of cervical or vaginal cancer or other abnormality.
- An HPV screening for asymptomatic female beneficiaries ages 30-65 once every five years, at least four years and 11 months (59 months total) after the most recent HPV screening.

*Premenopausal female of childbearing age and a physician or qualified practitioner determines childbearing age based on medical history or other findings.

Examination elements

A screening pelvic examination (including a clinical breast examination) should include at least seven of the following eleven elements:

- Inspection and palpitation of breasts for masses or lumps, tenderness, symmetry or nipple discharge
- Digital rectal examination including sphincter tone, presence of hemorrhoids or rectal masses

Blue Care Network of Michigan

bcbsm.com/providers

- Inspection of the external genitalia (general appearance, hair distribution, or lesions)
- Inspection of the urethral meatus (size, location, lesions or prolapse)
- Urethra (masses, tenderness or scarring)
- Bladder (fullness, masses or tenderness)
- Vagina (general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele or rectocele)
- Cervix (general appearance, lesions or discharge)
- Uterus (size, contour, position, mobility, tenderness, consistency, descent or support)
- Adnexa/parametria (masses, tenderness, organomegaly or nodularity)
- Anus and perineum

University of Michigan BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for well-woman visits/gynecological exams (see examination elements under Original Medicare heading above) is provided to members of the University of Michigan BCN Advantage group plan once per benefit year, at least 11 months after the most recent well-woman visit/gynecological exam. Since Original Medicare limits the frequency of screening Pap tests and pelvic examinations, the group determines the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing.

Conditions for payment

The table below specifies payment conditions for a well-woman visit/gynecological exam.

Conditions for payment	
Eligible providers	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	Once annually
CPT/HCPCS codes	99383-99387, 99393-99397 For screening Pap test and pelvic examination: Consistent with Original Medicare
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

To find BCN Advantage plan's maximum payment amount for the well-woman visit/gynecological exam benefit, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. The BCN Advantage maximum payment amount for well-woman visits is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.

- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:
 - BCN Advantage Claims
 - Blue Care Network
 - P.O. Box 68753
 - Grand Rapids, MI 49516-8753

References: MLN909032 [Screening Pap Tests & Pelvic Exams](#) (CMS, 2023)

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised: