Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Cervicography is investigative unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: This policy is no longer scheduled for regular review of the scientific literature.

Description
Cervicography is a procedure employing a 35mm camera fitted with a prefocused long-range lens (Cerviscope® camera) to obtain a photographic slide of the cervix. Prior to performing the cervicography, the cervix is swabbed with a 5 percent solution of acetic acid to identify and enhance visualization of tissue changes in the cervix. A strobe light is used to ensure a sharp focus with an adequate depth of field. Cervicography is a static version of a colposcopy, and the image is referred to as a Cervigram® photographic cervical slide.

Cervigrams are sent to National Testing Laboratories (NTL, High Ridge MO), the exclusive world-wide licensee of the product. The photographic slides are interpreted by NTL colposcopists who have received specialty training in Cervigram interpretation. Cervigram results are reported as negative, atypical, positive, or defective.

Cervicography has been suggested for the following indications:
1. An alternative to Pap smear screening as a primary screening procedure. This has primarily been suggested for geographic areas lacking cytology expertise in Pap smear interpretation.
2. An adjunct to routine Pap smear screening, with the suggestion that sensitivity will be improved by coupling screening techniques.
3. A triage technique prior to colposcopy and biopsy for patients found to have uncertain or low-grade lesions on Pap smear analysis.

Cervicography is considered a laboratory procedure and is performed in the clinical setting.
FDA Approval
The FDA status of the Cervicography screening system and its components, Cervigram® photographic cervical slide and Cerviscope® camera, was not found.

National Testing Laboratories states the following: NTL “obtained FDA approval to market the Cerviscope Optical System (Cerviscope® cervical camera) subject to the general controls provisions of the Federal Food, Drug, and Cosmetic Act.” (www.ntlworldwide.com). No site found. Search of Missouri Secretary of State website indicated that National Testing Laboratories has forfeited their charter.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
58999 - Unlisted procedure, female genital system (non-obstetrical)

Original Effective Date: 5/1/2004

Re-Review Date(s): 2/27/2007
2/23/2010
5/18/2016
5/15/2019
2/10/2020 – administrative update; format