



BlueCross BlueShield of Vermont

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Corporate Medical Policy

Access to Gynecological Health Care Services

File name: Access to Gynecological (GYN) Health Care Services

Origination: 01/01/1998

Last Review: 11/2009

Next Review: 10/2010

Effective Date: 01/22/2008

Description

Gynecological (GYN) health care services means preventive* and routine reproductive health and gynecological care, including annual screening, counseling, and treatment of gynecological disorders and diseases in accordance with the most current published recommendations of the American College of Obstetricians and Gynecologists.

Members may access a contracted GYN provider for at least two visits per calendar year for reproductive or GYN care, as well as visits relating to follow-up care for problems identified during such visits.

*See Subscriber's Outline of Coverage for services covered under the preventive benefit.

Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Plan prior approval is required for the following:

- for services by out-of-network GYN providers, and
- Any out-of-network laboratory tests, x-rays, ultrasounds and other labs for GYN conditions

When service or procedure is covered

Routine GYN Services Including:

Annual GYN EXAM:

- Pelvic exam
- Breast exam
- Screening mammography
- Pap smear
- Screening and counseling for sexually transmitted disease
- Family planning/birth control services
- Hormone replacement therapy
- Colposcopy



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Treatment of GYN Conditions:

- Vaginitis
- Urinary tract infections
- Endometriosis
- Dysmenorrhea
- Abnormal vaginal bleeding
- Pre and post natal care
- Ectopic pregnancy
- Spontaneous abortion
- Pelvic pain

When service or procedure may not be covered

GYN services provided by a non-GYN provider will not be covered by this Policy

Eligible Providers

Eligible Providers of GYN care include:

- Medical Doctors (M.D.),
- Doctor of Osteopathy (D.O.),
- Naturopathic Doctors (N.D.)
- Advanced Practice Registered Nurse (APRN)
 - Nurse Practitioners (N.P.),
 - Certified Nurse Midwives (C.N.M)

Information required (if plan approval required)

A network provider rendering GYN services shall furnish the member's PCP with relevant and necessary information for ongoing care.

Billing and Coding/Physician Documentation Information

N/A

Policy Implementation/Update information

New policy 01/01/1998, updated 09/28/2000, 08/28/2001, 01/21/2002, CPT code changes
Updated 10/05 CPT code changes, updated 10/2006, updated.
10/2007 "obstetrical" removed from title and title changed to match Rule 10 language no other changes.
Reviewed by the CAC 01/2008.
Updated 11/2009

Scientific Background and Reference Resources

VT Division of Health Care Administration Rule 10.000 5.1E



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Approved by BCBSVT Medical Policy Committee: Date Approved

Robert F. Griffin, M.D.
Chairman, Medical Policy Committee

APPROVED FOR IMPLEMENTATION:

Allen J. Hinkle, M.D.
Chief Medical Director

Date Approved: _____