

Gynecological Examinations

Benefit Coverage

Routine breast and pelvic exams, Pap tests, or other Food and Drug Administration (FDA) approved cervical cancer and human papilloma virus (HPV) screening tests are covered annually for women.

A Blue Shield HMO female member may arrange for obstetrical and/or gynecological (OB/GYN) services by an obstetrician/gynecologist or family practice physician who is not their designated Primary Care Physician (PCP) without referral from her PCP. The OB/GYN or family practice physician must be in the same medical group as the PCP. Obstetrical and gynecological services are defined as follows:

- Physician services related to prenatal, perinatal, and postnatal (pregnancy) care.
- Physician services provided to diagnose and treat disorders of the female reproductive system and genitalia.
- Physician services for treatment of disorders of the breast.
- Routine annual gynecological examinations/annual well-woman examinations. (See Preventive Benefits.)
- Family Planning. (See Family Planning in the member's benefits.)

The OB/GYN or family practice physician will notify the PCP of the results of the examination. If the examination results identify the need for specialty services (for example, mammography, surgery, ultrasound, etc.), the member's PCP must provide or arrange for the additional services.

Additional medically necessary mammograms for screening and diagnostic purposes are covered without limitation when done upon the referral of the patient's PCP.

The benefit for a routine annual gynecological exam is in addition to the benefit for routine physical examinations, according to schedule, when performed by two different physicians.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Preventive Services/Routine physical exams

Physician - Outpatient/office visits

Outpatient Hospital Services/Lab/X-Ray/Ancillary Services

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Benefit Exclusion

Physical examinations required for licensure, employment, insurance, etc., unless the examination corresponds to the schedule of routine physical examinations.

Benefit Limitations

Please see the Preventive Benefit Policy on Provider Connection at blueshieldca.com/provider under *Guidelines & resources*, then *Guidelines and procedures* for benefit limitations.

Referral for genetic risk assessment and evaluation for BRCA mutation testing for breast and ovarian cancer susceptibility is a covered service for patients who meet the criteria outlined in the Medical Policy for *Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)*. This policy can be found on Provider Connection under *Authorizations*, then *Clinical policies and guidelines*. These services are considered inclusive in the preventive care visit, and therefore not separately reimbursable. (See the Preventive Benefit Policy.)

Examples of Covered Services

- Mammography
- Pap tests or other FDA-approved cervical cancer screening tests
- Pelvic and breast examinations
- Urinalysis

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Health & Safety Code Section 1367.695

HMO Benefit Guideline for Physician Services

Medical Policy for Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)

Preventive Benefit Policy

US Preventive Services Task Force, Guide to Clinical Preventive Services