OLIVE VIEW-UCLA MEDICAL CENTER POLICY & PROCEDURE

NUMBER: 3147 VERSION: 2

SUBJECT/TITLE: CERVICAL CANCER SCREENING TESTING

POLICY: An annual cervical cancer screening test is a covered benefit upon referral of the

member's physician or nurse practitioner providing care to the member and operating within the scope of practice otherwise permitted for the license.

Available screening test includes the conventional papanicolaou smear (PAP) test and the option of any other cervical cancer screening test approved by the Federal

Food and Drug Administration.

A screening test other than the conventional PAP test shall be provided upon the

referral of the patient's health care provider.

PURPOSE: To ensure *Olive View-UCLA Medical Center's (OVMC)* members have the

provision of benefit coverage for an annual cervical cancer screening test.

DEPARTMENTS: AMBULATORY CARE

DEFINITIONS:

PROCEDURE: OVMC providers shall provide for the provision of Cervical Cancer Screening, as a

preventative health benefit for LA Care and Health Net Medi-Cal members.

A. Members are referred as follows:

- 1. Referred by primary provider during the first visit to the clinic (IHA) and periodically per preventive guidelines.
- 2. Providers will ensure that routine referral processes are followed when the member, in addition to the conventional PAP test, requests a human papillomavirus screening test (HPV) that is approved by the Federal Food and Drug Administration (FDA), and the option of any Cervical Cancer Screening tests approved by the FDA.
- B. If the member refuses a cervical cancer screening test after being informed that a cancer screening test is indicated, the refusal must be documented in the members medical record.
- C. Providers will follow up on urgent and emergent referrals by monitoring that members get appointments timely or member assessed hospital ER as instructed.

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REFERENCES/

AUTHORITY:

MCS-UM.0015 Cervical Cancer Screening LA Care UM Procedure 5026, Cervical Cancer Screening

Health & Safety Code 1367.66

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