mln BOOKLET
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PRINT-FRIENDLY VERSION

SCREENING PAP TESTS & PELVIC EXAMS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

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UPDATES

Note: No substantive content updates.

INTRODUCTION

This booklet outlines Medicare screening Papanicolaou (Pap) tests, pelvic exams, and HPV screening coverage. This includes:

- Coverage information
- Documentation
- Coding & diagnosis
- Billing requirements
- Payment information
- Claim denial reasons

OVERVIEW

Important female preventive health care includes screening Pap tests and pelvic exams:

- A **screening Pap test (also called a Pap smear)** is a laboratory test used to detect early cervical cancer. A health care provider takes a sample of cervical cells and interprets the test results.
- A **screening pelvic exam** helps detect precancers, genital cancers, infections, sexually transmitted infections (STIs), reproductive system abnormalities, and other genital and vaginal problems.

Female Preventive Screenings

Medicare covers Pap smears, pelvic exams, STI and HPV screenings. They're similar services, but separate benefits.

NOTE: Human Papillomavirus (HPV) screening is also a preventive service which detects the virus that can cause cervical cancer and/or warts. For more information, refer to the Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.2 and 210.2.1.

COVERAGE INFORMATION

Medicare Part B covers screening Pap tests and pelvic exams (including clinical breast exam) for all female patients when ordered and performed by 1 of these medical professionals, as authorized under state law:

- Doctor of medicine or osteopathy
- Certified nurse-midwife
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist

Medicare Part B covers HPV screening for all female patients ages 30–65 once every 5 years with a Pap test.

Coverage Frequency

Table 1 describes how often Medicare Part B covers screening Pap tests, pelvic exams, and HPV screening.

Table 1. Medicare-Covered Screening Pap Tests, Pelvic Exams, & HPV Screening

How Often	Covered For	Additional Information
Every 24 months (at least 23 months after the most recent screening Pap test or pelvic exam)	**Any** asymptomatic female patient	N/A
Annually (at least 11 months after the most recent screening Pap test or pelvic exam)	A female patient who meets **1** of these criteria: • Evidence (based on her medical history or other findings) she is at high risk for developing cervical or vaginal cancer **and** her physician (or authorized practitioner) recommends she have the test more frequently than every 2 years • A woman of childbearing age* who had a screening pelvic exam or Pap test during any of the preceding 3 years that indicated the presence of cervical or vaginal cancer or other abnormality	**High risk** factors for cervical and vaginal cancer include: • Early onset of sexual activity (under 16 years old) • Multiple sexual partners (5 or more in a lifetime) • History of STI (including human immunodeficiency virus [HIV] infection) • Fewer than 3 negative Pap tests or no Pap tests within the previous 7 years • DES (diethylstilbestrol) exposed daughters of women who took DES during pregnancy
HPV Screening: Once every 5 years (at least 4 years and 11 months [59 months total] after the most recent HPV screening)	Any asymptomatic female patients aged 30–65 years when done with a Pap test	Refer to Screening for Cervical Cancer with HPV Tests service in the Medicare Preventive Services educational tool

* A "woman of childbearing age" is premenopausal and a physician or qualified practitioner determines she is of childbearing age based on medical history or other findings.

Coinsurance or Copayment & Deductible

Medicare waives the coinsurance or copayment and Medicare Part B deductible for a screening Pap test, pelvic exam, and HPV screening if the service meets all coverage conditions. However, a charge could apply if the patient sees a non-participating Medicare provider.

DOCUMENTATION

Medical records must document all coverage requirements.

CODING & DIAGNOSIS INFORMATION

Procedure Codes & Descriptors

You can perform a screening Pap test and a screening pelvic exam during the same patient encounter. You can also perform an HPV screening during the same encounter on any asymptomatic female patients aged 30–65 at the same time you provide a Pap test. When this happens, report both HCPCS procedure codes as separate line items on the claim. The following tables detail coding requirements.

Table 2. HCPCS Codes for Screening Pap Tests & HPV Tests

HCPCS Code	Code Descriptor
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

Table 2. HCPCS Codes for Screening Pap Tests & HPV Tests (cont.)

HCPCS Code	Code Descriptor
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision

Table 3. HCPCS Codes for Physician's Interpretation of Screening Pap Tests

HCPCS Code	Code Descriptor
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician

Table 4. HCPCS Code for Laboratory Specimen of Screening Pap Tests

HCPCS Code	Code Descriptor
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory **NOTE:** You may collect another specimen when previously collected Pap smear screening specimens sent to the clinical laboratories proved unsatisfactory, and the lab was unable to interpret the test results. To bill this reconveyance, annotate the claim with HCPCS code Q0091 and modifier –76 (repeat procedure or service by same physician or other qualified health care professional).

Table 5. HCPCS Code for Screening Pelvic Exams

HCPCS Code	Code Descriptor
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination

Diagnosis Codes & Descriptors

Report 1 of the ICD-10-CM diagnosis codes listed in Table 6 for screening Pap tests, pelvic exams, and HPV screening. Indicate the patient's low- or high-risk status with the appropriate diagnosis code.

Table 6. Screening Pap Tests & Pelvic Exams Diagnosis Codes

Risk Level	ICD-10-CM Diagnosis Code	Code Descriptor
Low	Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings [Use additional code(s) to identify abnormal findings]
Low	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Low	Z11.51	Encounter for screening for HPV (primary)
Low	Z12.4	Encounter for screening for malignant neoplasm of cervix
Low	Z12.72	Encounter for screening for malignant neoplasm of vagina
Low	Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Low	Z12.89	Encounter for screening for malignant neoplasm of other sites
High	Z72.51	High risk heterosexual behavior
High	Z72.52	High risk homosexual behavior
High	Z72.53	High risk bisexual behavior
High	Z77.29	Contact with and (suspected) exposure to other hazardous substances
High	Z77.9	Other contact with and (suspected) exposures hazardous to health
High	Z91.89	Other specified personal risk factors, not elsewhere classified
High	Z92.89	Personal history of other medical treatment

BILLING REQUIREMENTS

Professional Claims

Report the appropriate HCPCS code and the corresponding ICD-10-CM diagnosis code when submiting professional claims to your MAC. Include Place of Service (POS) codes on all professional claims to indicate where you provided the service. For more information, refer to the Medicare POS Codes webpage.

Institutional Claims

Report the appropriate HCPCS code, Types of Bill (TOB), revenue code, and the corresponding ICD-10-CM diagnosis code when submitting institutional claims to your MAC.

TOBs for Institutional Claims

Submit the claim with the appropriate TOB and associated revenue code listed in Table 7.

Table 7. Facility Types, TOBs, & Revenue Codes for Screening Pap Tests & Pelvic Exams

Facility Type	TOB	Pap Test Revenue Code	Pelvic Exam Revenue Code
Hospital Inpatient (Part B)	12X	0311	0770
Hospital Outpatient	13X	0311	0770
Hospital Other Part B (Non-Patient Laboratory Specimens, including Critical Access Hospital [CAH])*	14X	0311	N/A
Skilled Nursing Facility (SNF) Inpatient Part B	22X	0311	0770
SNF Outpatient	23X	0311	0770
Rural Health Clinic (RHC)	71X or 73X	052X	052X
Federally Qualified Health Center (FQHC)	77X	052X	052X
CAH	85X, 096X, 097X, or 098X	0311	0770

* A patient doesn't need to be physically present in a CAH when you collect the specimen, but they must be a CAH outpatient. Either the patient must get CAH outpatient services on the same day the specimen is collected or an employee of the CAH, or a CAH provider-based entity, must collect the specimen.

PAYMENT INFORMATION

Professional Claims

Medicare pays for screening Pap tests and HPV screening under the Clinical Laboratory Fee Schedule (CLFS) and the screening pelvic exam under the Medicare Physician Fee Schedule (PFS).

Like other Medicare PFS services, the non-participating provider reduction and limiting charge provisions apply to all screening Pap test and pelvic exam services.

Institutional Claims

Screening Pap test or pelvic exam payment depends on the type of facility providing the service. Except for RHCs, FQHCs, and CAHs, Medicare pays under the CLFS for HCPCS codes G0123, G0143, G0144, G0145, G0147, G0148, G0476, and P3000. Table 8 lists the other types of payment depending on setting.

Table 8. Facility Payment Methods for Screening Pap Tests & Pelvic Exams

Facility Type	Payment System for Pap & HPV Tests	Payment System for Pelvic Exams
Hospital Inpatient (Part B)*	Outpatient Prospective Payment System (OPPS) for HCPCS code Q0091	OPPS
Hospital Outpatient*	OPPS for HCPCS code Q0091	OPPS
Hospital Other Part B (Nonpatient Laboratory Specimens, including CAH)*	OPPS for HCPCS code Q0091	N/A
SNF Inpatient Part B**	Medicare PFS for HCPCS code Q0091	Medicare PFS
SNF Outpatient	Medicare PFS for HCPCS code Q0091	Medicare PFS
RHC	Included as part of the all-inclusive rate (AIR) payment	Included as part of the AIR payment
FQHC	FQHC Prospective Payment System (PPS)	FQHC PPS
CAH	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of Medicare PFS non-facility rate for professional component(s) of services	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of Medicare PFS non-facility rate for professional component(s) of services

* Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan.

** The SNF consolidated billing provision allows separate Medicare Part B payment for screening Pap tests, pelvic exams, and HPV screenings for patients in a skilled Part A stay; however, the SNF must submit these services on TOB 22X. The SNF must pay for the screening Pap tests and pelvic exams provided by other facility types for patients in a skilled Part A stay.

CLAIM DENIAL REASONS

Medicare may deny screening Pap tests, pelvic exams, and HPV screenings in several situations, including:

- The patient (not at high risk) got a covered screening within the past 2 years
- The patient (at high risk) got a covered screening within the past year
- The patient (at high risk) got a covered HPV screening within the past 5 years (that is, at least 4 years and 11 months [59 months total] after the most recent HPV screening)

You may find specific payment decision information on the Remittance Advice (RA). The RA includes codes that give additional payment adjustment information. For more information about claims, contact your MAC.

RA INFORMATION

For more information, refer to Health Care Payment and Remittance Advice or the Remittance Advice Resources and Frequently Asked Questions.

KEY TAKEAWAYS

- Medicare covers screening Pap tests, pelvic exams, and HPV screenings.
- Medicare subjects Part B screening Pap tests, pelvic exams, and HPV screening coverage to specific frequency and risk factors.
- Medicare waives the screening Pap test, pelvic exam, and HPV screening coinsurance or copayment and Medicare Part B deductible.
- This booklet contains screening Pap tests, pelvic exams, and HPV screenings diagnosis and procedure codes and descriptors billers can use.
- Medicare pays the screening Pap test and HPV screening under the CLFS and the screening pelvic exam under the PFS.

RESOURCES

- CMS Beneficiary Notices Initiative (BNI)
- Medicare Benefit Policy Manual, Chapter 15, Section 280.4 (Screening Pap Smears)
- Medicare Claims Processing Manual, Chapter 18, Sections 30 and 40 (Screening Pap Smears and Screening Pelvic Examinations)
- How to Use the Searchable Medicare Physician Fee Schedule
- National Cancer Institute: Cervical Cancer Information for Health Professionals
- United States Preventive Services Task Force (USPSTF) Screening for Cervical Cancer Recommendations