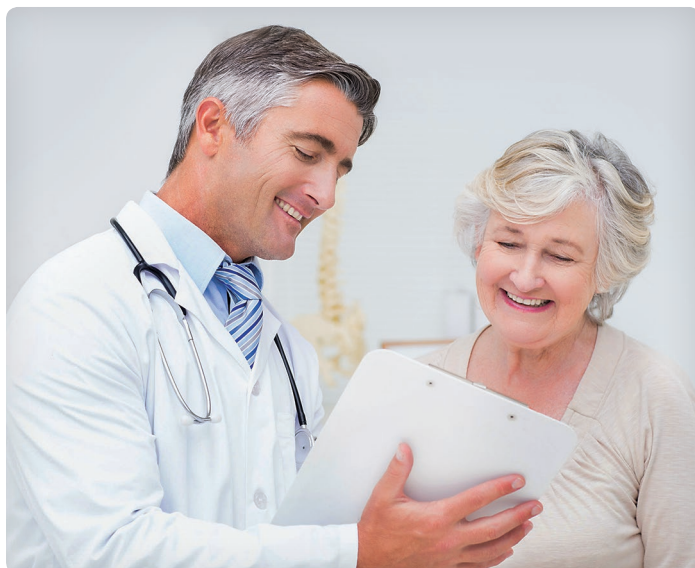




SCREENING PAP TESTS AND PELVIC EXAMINATIONS



Target Audience:
Medicare Fee-For-Service Program
(also known as Original Medicare)

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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OVERVIEW

Screening Pap tests and pelvic examinations are important parts of preventive health care for adult women:

- A **screening Pap test** (also called a Pap smear) is a laboratory test that consists of a routine exfoliative cytology test (Papanicolaou test) for early detection of cervical cancer. It includes collection of a sample of cervical cells and a physician's interpretation of the test results.
- A **screening pelvic examination** helps detect precancers, genital cancers, infections, sexually transmitted infections (STIs), reproductive system abnormalities, and other genital and vaginal problems.

While Medicare's coverage of screening Pap smears and pelvic exams is similar, they are separate benefits.

The [Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.2](#) gives specific information on what services are included in a screening Pap test and pelvic examination.

This booklet can help you talk with your beneficiaries about Medicare-covered screening Pap tests and pelvic examinations and help you correctly bill for these services.

COVERAGE INFORMATION

Medicare Part B covers screening Pap tests and pelvic examinations (including clinical breast examination) for all female beneficiaries when ordered and performed by one of the following medical professionals, as authorized under State law:

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

SCREENING FOR CERVICAL CANCER WITH HUMAN PAPILLOMAVIRUS (HPV) TESTING

Medicare added screening for cervical cancer with HPV testing to its list of covered preventive services. This benefit is allowed for asymptomatic female Medicare beneficiaries aged 30 to 65 once every 5 years in conjunction with a Pap test. For more information, refer to the [Screening for Cervical Cancer With Human Papillomavirus \(HPV\) Testing—National Coverage Determination \(NCD\)](#) transmittal or the [Screening for Cervical Cancer with HPV Tests](#) service in the Medicare Preventive Services educational tool.

Frequency

Table 1 describes how often Medicare Part B covers screening Pap tests and pelvic examinations.

Table 1. Frequency for Medicare-Covered Screening Pap Tests and Pelvic Examinations

Frequency	Covered For	Additional Information
Every 24 months (that is, at least 23 months after the most recent screening Pap test or pelvic examination)	Any asymptomatic female beneficiary	N/A
Annually (that is, at least 11 months after the most recent screening Pap test or pelvic examination)	<p>A female beneficiary who meets one of the following criteria:</p> <ul style="list-style-type: none"> Evidence (on the basis of her medical history or other findings) that she is at high risk for developing cervical or vaginal cancer and her physician (or authorized practitioner) recommends that she have the test more frequently than every 2 years A woman of childbearing age* who has had a screening pelvic examination or Pap test during any of the preceding 3 years that indicated the presence of cervical or vaginal cancer or other abnormality 	<p>High risk factors for cervical and vaginal cancer include:</p> <ul style="list-style-type: none"> Early onset of sexual activity (under 16 years of age) Multiple sexual partners (five or more in a lifetime) History of STI (including human immunodeficiency virus [HIV] infection) Fewer than three negative Pap tests or no Pap tests within the previous 7 years DES (diethylstilbestrol) exposed daughters of women who took DES during pregnancy

* A “woman of childbearing age” is one who is premenopausal and determined by a physician or qualified practitioner to be of childbearing age based on medical history or other findings.

Coinsurance or Copayment and Deductible

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

DOCUMENTATION

Medical records must document all coverage requirements.

CODING AND DIAGNOSIS INFORMATION

Procedure Codes and Descriptors

You may perform a screening Pap test and a screening pelvic examination during the same patient encounter. When this happens, report both procedure codes as separate line items on the claim.

Use the HCPCS codes in Table 2 to report screening Pap tests; Table 3 for the physician interpretation of the screening Pap test; and Table 4 to report when the physician obtains and prepares the specimen, conveys the test, and sends the specimen to a laboratory.

Table 2. HCPCS Codes for Screening Pap 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
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: Another specimen may be collected in situations where unsatisfactory screening Pap smear specimens have been collected and conveyed to clinical laboratories that are unable to interpret the test results. To bill for this reconveyance, annotate the claim with HCPCS code Q0091 along with modifier -76 (repeat procedure or service by same physician or other qualified health care professional).

Use the HCPCS code in Table 5 to report screening pelvic examinations.

Table 5. HCPCS Code for Screening Pelvic Examinations

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

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Diagnosis Codes and Descriptors

You must report one of the following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes listed in Table 6 for screening Pap tests or pelvic examinations. You must indicate the beneficiary's low or high risk status by including the appropriate diagnosis code.

Table 6. Diagnosis Codes for Screening Pap Tests and Pelvic Examinations

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	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	Z77.21	Contact with and (suspected) exposure to potentially hazardous body fluids
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

When you submit professional claims to your [Medicare Administrative Contractor \(MAC\)](#), report the appropriate HCPCS code and the corresponding ICD-10-CM diagnosis code on the claim. You must also include Place of Service (POS) codes on all professional claims to indicate where you provided the service. Visit the [Medicare POS Codes](#) webpage and refer to the following documents for more information on POS codes:

- [Revised and Clarified Place of Service \(POS\) Coding Instructions](#)
- [The Importance of Correctly Coding the Place of Service by Physicians and Their Billing Agents](#)

Institutional Claims

When you submit institutional claims to your MAC, report the appropriate HCPCS code, Types of Bill (TOBs), revenue code, and the corresponding ICD-10-CM diagnosis code on the claim.

TOBs for Institutional Claims

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

Table 7. Facility Types, TOBs, and Revenue Codes for Screening Pap Tests and Pelvic Examinations

Facility Type	TOB	Pap Test Revenue Code	Pelvic Examination 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	052X	052X

Table 7. Facility Types, TOBs, and Revenue Codes for Screening Pap Tests and Pelvic Examinations (cont.)

Facility Type	TOB	Pap Test Revenue Code	Pelvic Examination Revenue Code
Federally Qualified Health Center (FQHC)	77X	052X	052X
CAH	85X, 096X, 097X, or 098X	0311	0770

* A beneficiary does not have to be physically present in a CAH when the specimen is collected, but she must be an outpatient of the CAH. Either the beneficiary must get outpatient services in the CAH on the same day the specimen is collected or an employee of the CAH or an entity that is provider-based to the CAH must collect the specimen.

PAYMENT INFORMATION

Professional Claims

Medicare pays for the screening Pap test under the Clinical Laboratory Fee Schedule (CLFS) and the screening pelvic examination under the Medicare Physician Fee Schedule (PFS).

As with other Medicare PFS services, the nonparticipating provider reduction and limiting charge provisions apply to all screening Pap test and pelvic examination services.

Institutional Claims

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

Table 8. Facility Payment Methods for Screening Pap Tests and Pelvic Examinations

Facility Type	Applicable Payment System for Pap Tests	Applicable Payment System for Pelvic Examinations
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

Table 8. Facility Payment Methods for Screening Pap Tests and Pelvic Examinations (cont.)

Facility Type	Applicable Payment System for Pap Tests	Applicable Payment System for Pelvic Examinations
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 or pelvic examinations for beneficiaries in a skilled Part A stay; however, the SNF must submit these services on TOB 22X. Screening Pap tests and pelvic examinations provided by other facility types for beneficiaries in a skilled Part A stay must be paid by the SNF.

REASONS FOR CLAIM DENIAL

Medicare may deny coverage of screening Pap tests or pelvic examinations in several situations, including:

- The beneficiary (not at high risk) received a covered screening within the past 2 years
- The beneficiary (at high risk) received a covered screening within the past year

You may find specific payment decision information on the Remittance Advice (RA). The RA includes codes that provide additional information on payment adjustments. You can obtain additional information about claims from your [MAC](#).

RA INFORMATION

Refer to [Remittance Advice Information: An Overview](#) or the [Remittance Advice Resources and Frequently Asked Questions](#) publications for more information.

RESOURCES

For more information about screening Pap tests and pelvic examinations, refer to the resources listed in Tables 9 and 10. For more educational products about preventive services, view the [Medicare Learning Network® \(MLN\) Preventive Services list of educational products](#).

Table 9. Provider Resources

Resource	Website
Clinical Laboratory Fee Schedule	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched
CMS Beneficiary Notices Initiative	CMS.gov/Medicare/Medicare-General-Information/BNI
Hospital Outpatient PPS	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS
How to Use the Searchable Medicare Physician Fee Schedule	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1254368.html
MAC Contact Information	CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Medicare Benefit Policy Manual, Chapter 15, Section 280.4	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 18, Sections 30 and 40	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Sections 210.2 and 210.2.1	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf
Medicare PFS	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched
Medicare Preventive Services	CMS.gov/Medicare/Prevention/PrevntionGenInfo
MLN Connects® Newsletter	CMS.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html

Table 9. Provider Resources (cont.)

Resource	Website
MLN Matters® Articles on Medicare-Covered Preventive Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
National Cancer Institute: Cervical Cancer Information for Health Professionals	Cancer.gov/types/cervical/hp
United States Preventive Services Task Force (USPSTF) Screening for Cervical Cancer Recommendations	USpreventiveservicestaskforce.org/uspstf/uspscerv.htm

Table 10. Beneficiary Resources

Resource	Website/Contact Information
Medicare & You: Women's Health Video	YouTube.com/watch?v=bf4DxTldgS8
Medicare Beneficiary Help Line and Website	Telephone: Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY Toll-Free: 1-877-486-2048 Website: Medicare.gov
National Cancer Institute: Cervical Cancer Information for Patients	Cancer.gov/types/cervical
Resources for Medicare Beneficiaries	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN905183.html
Women's Health	WomensHealth.gov
Your Medicare Coverage: Cervical & Vaginal Cancer Screenings	Medicare.gov/coverage/cervical-vaginal-cancer-screenings.html
Your Medicare Coverage: Preventive & Screening Services	Medicare.gov/coverage/preventive-and-screening-services.html

Table 11. Hyperlink Table

Embedded Hyperlink	Complete URL
The Importance of Correctly Coding the Place of Service by Physicians and Their Billing Agents	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1104.pdf

Table 11. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Administrative Contractor (MAC) MAC	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Medicare Learning Network® (MLN) Preventive Services List of Educational Products	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedicarePreventiveServicesNationalEducationProducts.pdf
Medicare National Coverage Determinations Manual, Chapter 1, Part 4	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf
Medicare POS Codes	https://www.cms.gov/Medicare/Coding/place-of-service-codes
Remittance Advice Information: An Overview	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908325.html
Remittance Advice Resources and Frequently Asked Questions	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN905367.html
Revised and Clarified Place of Service (POS) Coding Instructions	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7631.pdf
Screening for Cervical Cancer with HPV Tests Service in the Medicare Preventive Services Educational Tool	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#CERV_CAN
Screening for Cervical Cancer With Human Papillomavirus (HPV) Testing—National Coverage Determination (NCD)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2016-Transmittals-Items/R3460CP.html

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