

National Coverage Decision

Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer

Contractor's Determination Number

GU-003

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402, 52280

Contractor Type

Carrier B
Fiscal Intermediary A
MAC A
MAC B

Primary Geographic Jurisdiction

Carrier B: Wisconsin, Illinois, Michigan, Minnesota

Fiscal Intermediary A: Alaska, Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, U.S. Virgin Islands

MAC A/B: Iowa, Missouri, Nebraska, Kansas

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Effective Date

Multiple

Implementation Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Effective January 1, 1998, §1861(nn) of the Act (42 USC 1395x(nn)) provides Medicare Part B coverage for a screening Pap smear for women under certain conditions. See the Medicare Benefit Policy Manual, Chapter 15, for coverage of screening PAP smears.

The covered screening Pap smears must be ordered and collected by a doctor of medicine or osteopathy (as defined in §1861(r)(1) of the Act), or other authorized practitioner (e.g., a certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist, who is authorized under State law to perform the examination) under **one** of the conditions identified in, below.

Federal Register Final Rule 10/31/97

NCD-REV-48.1, CR 4278 (Technical Corrections to the NCD Manual)

Medicare National Coverage Determinations Manual; Chapter 1, Part 4 Coverage Determinations 210.2

Medicare Claims Processing Manual Chapter 18 - Preventive and Screening Services sections: 30&40

Medicare Claims Processing Pub 100-04- Chapter 18, Screening Pelvic Examinations

Transmittal 1541; Change Request 6085; Date: June 20, 2008

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CO4/CI-50-20.1/PAP1, 05/20/94; IL BSB5/C-150, 07/22/96; IL 01/16

Original Effective Date

Existing regulations

Revision Effective Date

Coverage

A. Screening Pap Smear

A screening pap smear and related medically necessary services provided to a woman for the early detection of cervical cancer (including collection of the sample of cells and a physician's interpretation of the test results) and pelvic examination (including clinical breast examination) are covered under Medicare Part B when ordered by a physician (or authorized practitioner) under one of the following conditions:

- *She has not had such a test during the preceding two years or is a woman of childbearing age (§1861(nn) of the Act).*
- *There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer and her physician (or authorized practitioner) recommends that she have the test performed more frequently than every two years.*

High risk factors for cervical and vaginal cancer are:

- *Early onset of sexual activity (under 16 years of age)*
- *Multiple sexual partners (five or more in a lifetime)*
- *History of sexually transmitted disease (including HIV infection)*

- Fewer than three negative or any pap smears within the previous seven years; and
- DES (diethylstilbestrol) - exposed daughters of women who took DES during pregnancy.

NOTE: Claims for pap smears must indicate the beneficiary's low or high risk status by including the appropriate ICD-9-CM on the line item (Item 24E of the Form CMS-1500)

V76.2, special screening for malignant neoplasms of the cervix, indicates low risk; and V15.89, other specified personal history presenting hazards to health, indicates high risk. If pap smear or pelvic exam claims do not point to one of these diagnosis codes, the claim will reject in the Common Working File. Claims can contain up to four diagnosis codes, but the one pointed to on the line item must be either V76.2 or V15.89.

Definitions

- A woman as described in §1861(nn) of the Act is a woman who is of childbearing age and has had a pap smear test during any of the preceding three years that indicated the presence of cervical or vaginal cancer or other abnormality, or is at high risk of developing cervical or vaginal cancer.
- A woman of childbearing age is one who is premenopausal and has been determined by a physician or other qualified practitioner to be of childbearing age, based upon the medical history or other findings.
- Other qualified practitioner, as defined in 42 CFR 410.56(a) includes a certified nurse midwife (as defined in §1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in §1861(aa) of the Act) who is authorized under State law to perform the examination.

B. Screening Pelvic Examination

(Rev.1541, Issued: 06-20-08, Effective: 09-23-08, Implementation: 09-23-08)

*Section 4102 of the BBA of 1997 (P.L. 105-33) amended §1861(nn) of the Act (42 USC 1395X(nn)) to include Medicare Part B coverage of screening pelvic examinations (including a clinical breast examination) for all female beneficiaries for services provided January 1, 1998 and later. Effective July 1, 2001, the Consolidated Appropriations Act of 2001 (P.L. 106-554) modifies §1861(nn) to provide Medicare Part B coverage for biennial screening pelvic examinations. A screening pelvic examination with or without specimen collection for smears and cultures, should include at least seven of the following eleven elements:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.
- Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses. Pelvic examination (with or without specimen collection for smears and cultures) including:
- External genitalia (for example, general appearance, hair distribution, or lesions).
- Urethral meatus (for example, size, location, lesions, or prolapse).
- Urethra (for example, masses, tenderness, or scarring).
- Bladder (for example, fullness, masses, or tenderness).
- Vagina (for example, general appearance, estrogen effect, discharge lesions, pelvic support, cystocele, or rectocele).
- Cervix (for example, general appearance, lesions, or discharge).

- *Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support)*
- *Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity).*
- *Anus and perineum.*

This description is from Documentation Guidelines for Evaluation and Management Services, published in May 1997 and was developed by the Centers for Medicare & Medicaid Services and the American Medical Association.

Note: [There is a coding article associated with this document.](#)

Start Date of Notice Period

(Published)

Revision History

08/01/2008, CR 6085 revises chapter 18 to clarify some unclear language regarding elements needed during a screening pelvic examination; 05/01/2006, (NCD correction changing language from three to two years)