

Medicare has very specific Pap test coverage guidelines for medical necessity. Information required for submission to Medicare:

1. The referring physician (not the laboratory) must designate PAPs in one of the following categories:
  - **Screening - low risk**
  - **Screening - high-risk**
  - **Diagnostic**
2. A diagnosis code (ICD-10) indicates the PAP's medical necessity and must be documented in the patient medical record.
3. **Advanced Beneficiary Notice must be completed if:**
  - Screening – low risk and patient had a Pap test within the last 2 years or is a woman of childbearing age.
  - Screening – high risk and the patient has had a Pap test within the last year.

**Screening PAP – LOW RISK:** is generally defined as no suspicion of current atypia and no history in medically relevant prior years of atypical findings.

Low risk screening is indicated using one of the following ICD-10-CM Codes:

- **Z01.411**=Encounter for gynecological examination (general)( routine) with abnormal findings
- **Z01.419**=Encounter for gynecological examination (general) (routine) without abnormal findings
- **Z12.4**= Encounter for screening for malignant neoplasm of cervix
- **Z12.72**= Encounter for screening for malignant neoplasm of vagina
- **Z12.79**=Encounter for screening for malignant neoplasm of other genitourinary organs
- **Z12.89**= Encounter for screening for malignant neoplasm of other sites

**Screening PAP – HIGH RISK:** Is based on the physician's recommendation and the patient's medical history or other findings. Medicare covers high risk screening PAPs annually.

High risk factors for cervical and vaginal cancer are:

- Early onset of sexual activity (under 16 years of age)
- Multiple sexual partners (5 or more in a lifetime)
- History of sexually transmitted disease (including HIV)
- Fewer than 3 negative or any Pap tests within the previous 7 years
- DES exposed daughters

A high risk screening Pap is indicated by the following ICD-10-CM code:

- **Z77.29**= Contact with and (suspected) exposure to other hazardous substances
- **Z77.9**=Other contact with and (suspected) exposures hazardous to health
- **Z91.89**=Other specified personal risk factors, not otherwise classified
- **Z92.850**=Personal history of Chimeric Antigen Receptor T-Cell Therapy
- **Z92.858**=Personal history of other cellular therapy
- **Z92.86**=Personal history of gene therapy
- **Z92.89**=Personal history of other medical treatment
- **Z72.51**=High risk heterosexual behavior
- **Z72.52**=High risk homosexual behavior
- **Z72.53**=High risk bisexual behavior

**Diagnostic PAP** -ordered by the referring physician when one or more of the following circumstances apply:

- Previously diagnosed with cancer of the vagina, cervix, or uterus that has been or is presently being treated.
- Previous abnormal Pap test.
- Presents with any abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa.
- Presents with any significant complaint referable to the female reproductive system
- Shows any sign or symptom that might reasonably be related to a gynecologic disorder.

Medicare covers Pap tests ordered as diagnostic with no time restrictions.

Use diagnosis code(s) that best describe the patient's acute problem.

**HPV Screening** – Medicare Coverage:

- Once every 5 years in conjunction with a Pap test
- Patient must be an asymptomatic female aged 30-65 years of age
- Must code **Z11.51**=Encounter for screening for human papillomavirus (HPV)  
**and**  
**Z01.411**= Encounter for gynecological examination (general) (routine) with **abnormal** findings  
**Or**  
**Z01.419**= Encounter for gynecological examination (general) (routine) **without abnormal** findings