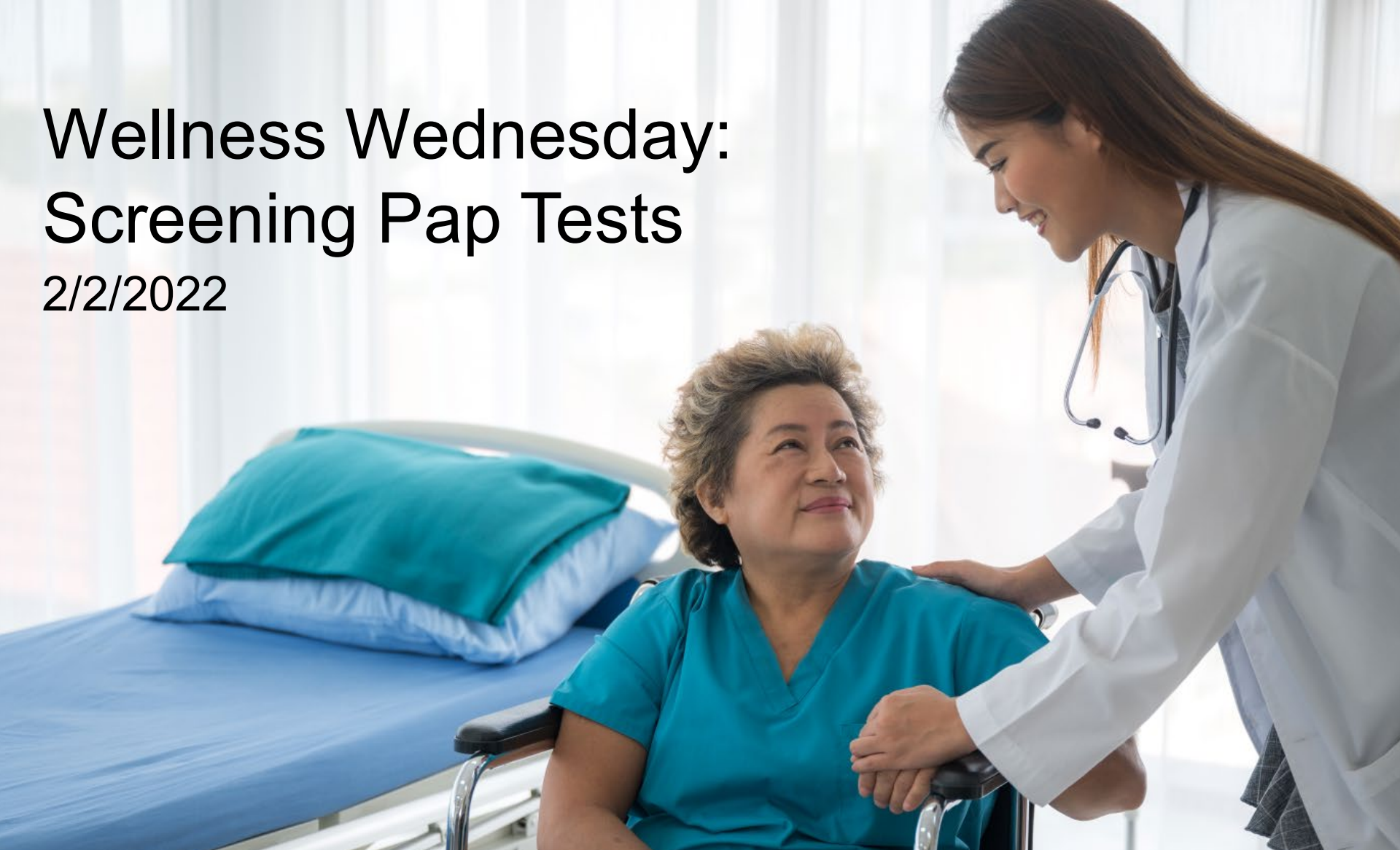


Wellness Wednesday: Screening Pap Tests

2/2/2022





Today's Presenters

- Jhadi Grace
 - Provider Outreach and Education Consultant
- Andrea Freibauer
 - Provider Outreach and Education Consultant

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Objectives

- Provide an overview of the Medicare preventive service: Screening Pap Tests
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided

Agenda

- Overview of Medicare's Preventive Services Program
- Screening Pap Smear Test
- Resources and References
- Questions and Answers

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection, and lifestyle modifications supporting the health of Medicare beneficiaries
- Medicare pays for many preventive benefits, including educating Medicare beneficiaries about potentially life-saving services and screenings



Telehealth Eligible Service ▾

Medicare Preventive Services

× Select a Service

FAQs

Resources

Alcohol Misuse Screening & Counseling	Annual Wellness Visit	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use
Depression Screening	Diabetes Screening	Diabetes Self-Management Training	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease	IBT for Obesity	Initial Preventive Physical Exam	Lung Cancer Screening	Mammography Screening
Medical Nutrition Therapy	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs
Screening Pelvic Exams	Ultrasound AAA Screening					

▴ Quick Start

▴ Eliminate Health Disparities

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Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on or after 1/1/2011
 - Medicare deductible and coinsurance waived for preventive services included in this presentation
 - [CR 7012](#), “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”

Did You Know

- A beneficiary must be enrolled in Medicare Part B to be covered for any Medicare preventive services

Screening Pap Smear Test

Screening Pap Test

- Laboratory test that consists of a routine exfoliative cytology test (Papanicolaou test) provided for purpose of early detection of cervical cancer
 - Includes collection of a sample of cervical cells and a physician's interpretation of test
- Balanced Budget Act, Section 4102, provides coverage of screening Pap smears

Benefits of Screening Pap Test

- Early detection of cervical cancer
- Reduction/prevention of abnormal cell changes that may occur over time
- Reduction of illness and death associated with abnormal cell changes that may lead to cervical cancer

Who is Covered

- All female beneficiaries
 - Asymptomatic, or
 - In high-risk category or cancer presence/other abnormality detected

High-Risk Factors for Cervical and Vaginal Cancer

- Early onset of sexual activity
 - Aged 16 and younger
- Multiple sexual partners
 - Five or more in a lifetime
- History of a sexually transmitted disease
 - Including HPV and/or HIV infection

High-Risk Factors for Cervical and Vaginal Cancer

- Fewer than three negative Pap tests or no Pap test within previous seven years
- Diethylstilbestrol (DES)-exposed daughters of women who took DES during pregnancy

Frequency of Screening Pap Test (Asymptomatic)

- Covered once every 24 months
 - All female beneficiaries (low-risk)
 - At least 23 full months have passed since last covered screening Pap test

Frequency of Screening Pap Test (High Risk)

- Covered once every 12 months
 - Female beneficiaries of childbearing age
 - Had examination that indicated cervical or vaginal cancer or other abnormalities during preceding three years
 - At least 11 full months have passed since last covered Pap test
 - Female beneficiaries at high risk
 - At least 11 full months have passed since last covered Pap test

Who Can Perform

- Physician's referral/order required
- Doctor of medicine or osteopathy or other authorized qualified NPP who is authorized under state law to perform the examination

Documentation and Billing Requirements

- Beneficiary's medical record must show
 - Screening was ordered by physician or qualified NPP
 - High-risk factor
- Claim must report appropriate diagnosis code*
- Line item reporting
 - Revenue code* based on TOB
 - HCPCS code* based on reason for performing test, methods of specimen preparation and evaluation and reporting system used

*See upcoming slides for coding options

ICD-10 Diagnosis Codes for Low-Risk Beneficiaries

Diagnosis Code	Description
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

ICD-10 Diagnosis Codes for High-Risk Beneficiaries

Diagnosis Code	Description
Z72.51	High-risk heterosexual behavior
Z72.52	High-risk homosexual behavior
Z72.53	High-risk bisexual behavior
Z77.29	Contact with and (suspected) exposure to other hazardous substances
Z77.9	Other contact with, (suspected) exposures hazardous to health
Z91.89	Other specified personal risk factors, not elsewhere 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

TOBs and Revenue Codes

Description	TOB	Revenue Code
Hospital inpatient Part B including CAHs	12X	0311
Hospital outpatient	13X	0311
Hospital nonpatient laboratory specimens including CAHs	14X	030X
SNF inpatient Part B	22X	0311
SNF outpatient	23X	0311
RHC*	71X	052X
FQHC*	77X	052X
CAH outpatient	85X	0311

HCPCS Coding for Screening Pap Tests

HCPCS Code	Description
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

HCPCS Coding for Screening Pap Tests

HCPCS Code	Description
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
Q0091	Screening Pap smear; obtaining, preparing and conveyance to lab Use when the physician obtains and prepares the specimen, conveys the test, and sends the specimen to a laboratory

HCPCS Coding for Physician's Interpretation of Screening Pap Tests

HCPCS Code	Description
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
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician

*Billing Instructions for RHC/FQHC

- If only screening Pap provided, bill as stand-alone visit
 - Generates AIR/PPS payment
- If screening Pap provided with billable visit, bill as incident to the encounter
 - Does not generate additional AIR/PPS payment

Payment

Facility Type	Payment
Hospital	HCPCS for Screening Pap and Physician's Interpretation: Clinical Lab Fee Schedule Q0091: OPFS
SNF	HCPCS for Screening Pap and Physician's Interpretation: Clinical Lab Fee Schedule Q0091: MPFS
RHC	AIR
FQHC	PPS
CAH Method I	101% of reasonable cost for TC
CAH Method II	101% of reasonable cost for TC, plus 115% MPFS nonfacility rate for PC

Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived
- Affordable Care Act, Section 4104

Why Screening Pap Test Claims Are Denied

- Beneficiary who is low risk received covered Pap test within past two years
- Beneficiary who is high risk has received covered Pap test during past year

Avoiding Screening Pap Test Denials

HIQACOP		CWF PART A		INQUIRY REPLY		PAGE 06 OF 15	
IP-REC	CN XXXXXXXXXXXX	NM XXXXXX	IT X	DB XXXXXXXX	SX X	INT 13201	
PREVENTIVE SERVICE		TECH DTE	PROF DTE	PREVENTIVE SERVICE		TECH DTE	PROF DTE
		MMDDCCYY	MMDDCCYY			MMDDCCYY	MMDDCCYY
CARDIOVASC	(80061)	01012005	01012005	PCB EXAM (G0101)		07012001	07012001
CARDIOVASC	(82465)	01012005	01012005	PV 90732,90669,90670		VACCINTD	VACCINTD
CARDIOVASC	(83718)	01012005	01012005	PROSTATE (G0102)		GDRNOELG	GDRNOELG
CARDIOVASC	(84478)	01012005	01012005	PROSTATE (G0103)		GDRNOELG	GDRNOELG
COLORECTAL	(G0104)	01011998	01011998	PAP TEST (Q0091)		07012005	07012005
COLORECTAL	(G0105)	01011998	01011998	DIABETES (82947)		05012012	01012005
COLORECTAL	(G0106)	01011998	01011998	DIABETES (82950)		01012005	01012005
COLORECTAL	(G0120)	01011998	01011998	DIABETES (82951)		01012005	01012005
COLORECTAL	(G0121)	07012001	07012001	GLAU (G0117,G0118)		01012002	01012002
FOB TEST	(G0107)	01011998	01011998	MAMM (G0202,G0203)		04012001	08012002
FOB TEST	(G0328)	01012004	01012004	MAMM (76092)		01011998	08012002
FOB TEST	(82270)	01012007	01012007	MAMM (77057)		01012007	01012007
IPP EXAM	(G0344)	SRVNOELG	SRVNOELG	PAPT (P3000,G0123,		07012001	07012001
IPP EXAM	(G0366)	SRVNOELG	SRVNOELG	G0143,G0144,			
IPP EXAM	(G0367)	SRVNOELG	00000000	G0145,G0147,			
IPP EXAM	(G0368)	00000000	SRVNOELG	G0148)			

Resources and References

CMS Resources

- CMS [Preventive Services](#) web pages
 - [Medicare Preventive Services Educational Tool](#)
(Individual links for each preventive service)
- CMS [Internet-Only Manuals \(IOMs\)](#) > Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
 - 100-02, *Medicare Benefit Policy Manual*, Chapter 15
 - Section 280.4 – Screening pap smear test
 - 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4
 - Section 210.2 – Screening pap smear test and screening pelvic examination
 - 100-04, *Medicare Claims Processing Manual*, Chapter 18
 - Section 30 – Screening pap smear test

CMS Medicare Learning Network

- [MLN Matters Articles](#)
- [MLN Products](#)
 - Preventive Services Educational Products web page
 - MLN Catalog
 - Web-based training

MLN Product

- Screening Pap Tests and Pelvic Examinations
 - ICN 909032 December 2020

CMS Article

- CMS MLN article [SE1142 Revised](#)
 - Preventive Services Educational Resource for Health Care Professionals
 - Lists available educational resources related to Medicare-covered preventive services

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

