

MEDICARE PART A BULLETIN

January 9, 1998

Hospital Medicare Bulletin H-87

TO: All Hospital Medicare Providers

FROM: Provider Relations

SUBJECT: **SCREENING PAP SMEAR AND PELVIC EXAMINATIONS**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to the appropriate health care facility personnel.

The Health Care Financing Administration has published the following information in regards to changes in Medicare Reimbursement Policy concerning changes screening pap smear and pelvic examinations. These changes were part of the Balanced Budget Act of 1997.

SCREENING PAP SMEAR

Section 4102 of the Balanced Budget Act of 1997 (P.L. 105-33) amends §1861 (nn) of the Social Security Act (42 USC 1395x(nn)) to include coverage every three years for a screening Pap smear or more frequent coverage for women (1) at high risk for cervical or vaginal cancer, or (2) of childbearing age* who have had a Pap smear during any of the preceding three years indicating the presence of cervical or vaginal cancer or other abnormality.

Coverage and Payment

Screening Pap smears are covered when 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 following conditions:

- The beneficiary has not had a screening Pap smear test during the preceding three years (use ICD-9-CM code V76.2, special screening for malignant neoplasm, cervix) or
- There is evidence (on the basis of her medical history or other findings) that she is of child bearing age and has had an examination that indicated the presence of cervical or vaginal cancer or other abnormalities during any of the preceding three years; or that she is at high risk of developing cervical or vaginal cancer (use ICD-9-CM code V15.89, other specified personal history presenting hazards to health). The high risk factors for cervical and vaginal cancer are:

Cervical Cancer High Risk Factors:

- Early onset of sexual activity (under 16 years of age) (use ICD-9-CM code: V69.2 high risk sexual behavior) Multiple sexual partners (five or more in a lifetime)

- History of a sexually transmitted disease (including HIV infection)
- Fewer than three negative Pap smears within the previous 7 years

Vaginal Cancer High Risk Factors:

- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

* The term “woman of childbearing age” means a woman who is premenopausal, and has been determined by a physician, or qualified practitioner, to be of childbearing age, based on her medical history or other findings.

- Payment is not made for a screening Pap smear for women at high risk or who qualify for coverage under the childbearing provision more frequently than once every 11 months after the month that the last screening Pap smear covered by Medicare was performed.

HCPCS Coding

This service is paid under the laboratory fee schedule and, therefore, the Part B deductible for this service is waived.

- P3000 - Screening Papanicolaou smear, cervical or vaginal, up to three smears, by a technician under the physician supervision, and
- P3001 - Screening Papanicolaou smear, cervical or vaginal, up to three smears requiring interpretation by a physician.

SCREENING PELVIC EXAMINATION

Section 4102 of the Balanced Budget Act of 1997 (P.L. 105-33) amends §1861 (nn) of the Social Security Act (42 USC 1395x(nn)) to include coverage of a screening pelvic examination for all female beneficiaries, effective January 1, 1998. A screening pelvic examination 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); and
- Anus and perineum.

Coverage and Payment

Medicare Part B pays for a screening pelvic examination if it is performed by a doctor of medicine or osteopathy (as defined in §1861(r)(1) of the Act), or by 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. This examination does not have to be ordered by a physician or other authorized practitioner.

Payment may be made for a screening pelvic examination performed on an asymptomatic woman only if the individual has not had a screening pelvic examination paid for by Medicare during the preceding 35 months following the month in which the last Medicare-covered screening pelvic examination was performed **except** as provided in the bullets below.

- Payment may be made for a screening pelvic examination performed more frequently than once every 36 months if the test is performed by a physician or other practitioner and there is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical cancer or vaginal cancer. (Use ICD-9-CM code V15.89, other specified personal history presenting hazards to health.) The high risk factors for cervical and vaginal cancer are:

Cervical Cancer High Risk Factors:

- Early onset of sexual activity (under 16 years of age) (use ICD-9-CM code: V69.2 high risk sexual behavior)
- Multiple sexual partners (five or more in a lifetime)
- History of a sexually transmitted disease (including HIV infection)
- Fewer than three negative Pap smears within the previous 7 years
- Vaginal Cancer High Risk Factors:
- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

- Payment may also be made for a screening pelvic examination performed more frequently than once every 36 months if the examination is performed by a physician or other practitioner, for a woman of childbearing age, who has had such an examination that indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding

three years.

- The term “woman of childbearing age” means a woman who is premenopausal, and has been determined by a physician, or qualified practitioner, to be of childbearing age, based on her medical history or other findings. Payment is not made for a screening pelvic examination for women at high risk or who qualify for coverage under the childbearing provision more frequently than once every 11 months after the month that the last screening pelvic examination covered by Medicare was performed.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.