SCREENING PAP SMEARS AND PELVIC EXAMINATIONS FOR EARLY DETECTION OF CERVICAL OR VAGINAL CANCER (NCD 210.2)

Guideline Number: MPG278.02

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INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview

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 Social Security Act (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 diagnosis code on the line item (Item 24E of the Form CMS-1500).

**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 3 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.

**Screening Pelvic Examination**
Section 4102 of the Balanced Budget Act of 1997 provides for coverage of screening pelvic examinations (including a clinical breast examination) for all female beneficiaries, subject to certain frequency and other limitations. A screening pelvic examination (including a clinical breast 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).
  - 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.

**APPLICABLE CODES**
The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0101</td>
<td>Cervical or vaginal cancer screening; pelvic and clinical breast examination</td>
</tr>
<tr>
<td>G0123</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision</td>
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<td>G0124</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician</td>
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<td>G0141</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician</td>
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<tr>
<td>G0143</td>
<td>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</td>
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### HCPCS Code

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<tr>
<td>G0144</td>
<td>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision</td>
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<td>G0145</td>
<td>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</td>
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<td>G0147</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision</td>
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<tr>
<td>G0148</td>
<td>Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening</td>
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<tr>
<td>P3000</td>
<td>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision</td>
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<tr>
<td>P3001</td>
<td>Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician</td>
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<tr>
<td>Q0091</td>
<td>Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</td>
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### REFERENCES

**CMS National Coverage Determinations (NCDs)**

NCD 210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer

Related NCD: NCD 210.2.1 Screening for Cervical Cancer with Human Papillomavirus (HPV)

**CMS Articles**

<table>
<thead>
<tr>
<th>Article</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>A53634 (NCD Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer) Palmetto Retired 07/31/2015</td>
<td>NC, SC, VA, WV</td>
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**CMS Benefit Policy Manual**

Chapter 15; § 280.4 Screening Pap Smears

**CMS Claims Processing Manual**

Chapter 18; § 1.2 Table of Preventive and Screening Services, § 30 Screening Pap Smears, § 40 Screening Pelvic Exams

**MLN Matters**

Article MM3659, Updating the Common Working File (CWF) Editing for Pap Smear (Q0091)

Article MM8927, Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill Under the AIR System

Article MM9028, Calendar Year (CY) 2015 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

Article MM9269, Revised April 1, 2016; Required Billing Updates for Rural Health Clinics

Article MM9645, Calendar Year (CY) 2016 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

**UnitedHealthcare Commercial Policies**

Preventive Care Services

**Others**

MLN Medicare Preventive Services

MLN Screening Pap Tests and Pelvic Examinations

National Cancer Institute: Cervical Cancer Screening and Prevention

U.S. Preventive Services Task Force: Cervical Cancer Screening

### GUIDELINE HISTORY/REVISION INFORMATION

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<td>10/12/2016</td>
<td>• Annual Review for MAPG Committee presentation and approval</td>
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