Preventive Services Chart | Medicare Was this page helpful?

Pap Tests Screening (<u>NCD 210.2 (https://www.cms.gov/medicare-coverage-</u>

database/view/ncd.aspx?NCDId=185&ncdver=3&bc=AgAAgAAAAAAA&)

HCPCS & CPT Codes

- **G0123** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
- **G0124** Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician

What's Changed?

• No changes from the last quarter

- **G0141** Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician
- **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
- **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
- **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
- Q0091 Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

ICD-10 Codes

- High risk: Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z92.850, Z92.858, Z92.86, Z92.89
- Low risk: Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89

Note: Additional ICD-10 codes may apply. Find individual Change Requests (CRs) and specific ICD-10-CM service codes that we cover on the <u>CMS ICD-10</u> (<u>https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10</u>)</u> webpage. <u>Find your MAC's website</u> (<u>https://www.cms.gov/MAC-info</u>) for more information.

Medicare Covers

Female patients with Medicare Part B

Frequency

- Annually (or 11 months past the month of the last covered exam) for women at high risk for developing cervical or vaginal cancer or childbearing age with abnormal Pap test within past 3 years
- Every 2 years (or 23 months past the month of the last covered exam) for low-risk women

Note: See FAQ on how to check eligibility (#FAQ).

Patient Pays

· No copayment, coinsurance, or deductible