Guidelines for Well-Woman Exam
Screening Pap Test and Screening Pelvic Exam

Medicare provides coverage of a screening pap test and a screening pelvic exam (including clinical breast exam) for all female beneficiaries when performed by a doctor of medicine, osteopathy or non-physician practitioner (who is authorized under state law to perform the exam). The screening pelvic exam is separate from the screening pap exam.

**Orders**  
Screening pap tests require an order.  
Screening pelvic exams do not have to be ordered.

**Frequency**  
Both exams are covered once every 24 months (23 months must have passed) for asymptomatic non-high risk patients and once every 12 months (11 months must have passed) for high risk patients.

To calculate frequency, the count starts beginning with the month after the month in which a previous test was performed. Example: Asymptomatic patient received screening Pap test in January 2014. The count starts beginning February 2014. The patient is eligible to receive another screening pap test in January 2015.

**Diagnosis**  
Both tests have the same diagnosis requirements.

<table>
<thead>
<tr>
<th>Low Risk Diagnosis</th>
<th>Descriptor</th>
</tr>
</thead>
</table>
| V72.31             | Routine Gynecological Exam.  
|                    | **NOTE:** Only used when full gynecological exam performed. |
| V76.2              | Special screening for malignant neoplasms, cervix |
| V76.47             | Special screening for malignant neoplasms, vagina |
| V76.49             | Special screening for malignant neoplasms, other sites.  
|                    | **NOTE:** Providers use this diagnosis for women without a cervix. |

<table>
<thead>
<tr>
<th>High Risk Diagnosis</th>
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<tbody>
<tr>
<td>V15.89</td>
</tr>
</tbody>
</table>

High risk factors for cervical and vaginal cancer include the following:

- Early onset of sexual activity (aged 16 and younger).
- Multiple sexual partners (five or more in a lifetime).
- History of a sexually transmitted disease.
- Fewer than three negative pap tests or no Pap test within the previous seven years.
- DES exposed daughters of women who took DES during pregnancy.
- Smoking.
- Using birth control bills for five or more years.
Screening Pelvic Examination Elements

A screening pelvic exam, with or without specimen collection for smears and cultures, should include at least **seven** of the following elements:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry or nipple discharge;
- Digital rectal exam including sphincter tone, presence of hemorrhoids and rectal masses;
- External genitalia;
- Urethral meatus;
- Urethra;
- Bladder;
- Vagina;
- Cervix;
- Uterus;
- Adnexa/parametria;
- Anus and perineum

**HCPCS Codes for Screening Pelvic Exam**

G0101  Cervical or vaginal cancer screening, pelvic and clinical breast exam

**HCPCS Codes for Screening Pap Tests**

The following code selection depends on the reason for performing the test, the methods of specimen preparation and evaluation and reporting system used.

**Table 1**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>G0123</td>
<td>Screening cytopathology, cervical or vaginal – by cytotechnologist</td>
</tr>
<tr>
<td>G0143</td>
<td>Screening cytopathology, cervical or vaginal – manual screening and rescreening by cytotechnologist</td>
</tr>
<tr>
<td>G0144</td>
<td>Screening cytopathology, cervical or vaginal – screening by automated system</td>
</tr>
<tr>
<td>G0145</td>
<td>Screening cytopathology, cervical or vaginal – screening by automated system and manual rescreening</td>
</tr>
<tr>
<td>G0147</td>
<td>Screening cytopathology smears, cervical or vaginal – performed by automated system.</td>
</tr>
<tr>
<td>G0148</td>
<td>Screening cytopathology smears, cervical or vaginal – performed by automated system with manual rescreening.</td>
</tr>
<tr>
<td>P3000</td>
<td>Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision.</td>
</tr>
</tbody>
</table>

The following HCPCS codes must be used to report the physician’s interpretation of screening pap tests.

**Table 2**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0124</td>
<td>Screening cytopathology, cervical or vaginal – requiring interpretation by physician.</td>
</tr>
</tbody>
</table>
Screening cytopathology smears, cervical or vaginal – performed by automated system, with manual rescreening requiring physician interpretation.

Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring physician interpretation. (For Part B claims using POS 11 or 22).

Screening Papanicolaou smear – obtaining, preparing and conveyance of cervical or vaginal smear to lab. (For Part B claims using POS 11).

Examples:

Established 65 year old female patient presents for annual exam including a well-woman exam. It has been two years since the last well-woman exam. The patient has no high-risk problems. The Provider documented seven of the screening pelvic exam elements, including a breast exam and obtained a pap smear to be sent to lab. In addition to the pelvic and breast exam, the provider examined the patient’s eyes, ears, nose, throat, and heart; plus ordered a basic metabolic panel.

Freestanding Clinic Example:

Provider-Based Clinic Example:
References:

CMS Screening Pelvic Examinations – Guidebook

CMS Screening Pap Tests – Guidebook