

Requests for Pap Tests

Always identify the source of the specimen

Many requisitions for Pap tests are submitted with wrong or incomplete information. Tests that should be coded as *Diagnostic Pap Tests* are being submitted as *Screening Pap tests*, improper ICD-9 –CM codes are submitted, and/or Advanced Beneficiary Notices are not routinely completed for Screening Pap tests. The result is denial of payment to the laboratory and possibly the physician provider. Please take the time to follow the rules of coding as directed by Medicare. It will result in better outcomes for all involved.

SCREENING PAP TESTS: (Signed ABN required)

- V76.2 denotes Low risk screening - special screening for malignant neoplasm, cervix
 - Frequency limitation - no less than 23 months since the last covered screen
- V15.89 denotes High risk screening - which includes:
 - Based on personal history of abnormalities within preceding 3 years.
or
 - Early onset of sexual activity (under the age of 16 years.)
 - Multiple sexual partners (5 or more in a lifetime)
 - History of a sexually transmitted disease (including HIV)
 - Less than 3 negative Pap tests within the previous 7 years
 - Daughters of women who took DES (diethylstilbestrol) during pregnancy
 - Frequency limitation - no less than 11 months since last covered screen
- Use the Advance Beneficiary Notice (ABN) for all screening Paps
 - Provider should obtain patient's permission and signature prior to the procedure
 - Use the special laboratory ABN mandated by Medicare on Oct. 1, 2002. Send the completed ABN along with the order sheet, patient should be given one of the copies

DIAGNOSTIC PAP TESTS: (Signed ABN not required)

- Defined as Pap test requested when there is evidence of disease and/or abnormalities:
 - Previous cancer of cervix, uterus, vagina (treated or presently being treated)
 - Previous abnormal Pap, or abnormalities of the cervix, uterus, vagina, ovaries or adnexa
 - Significant complaint by patient referring to the reproductive system
 - Signs or symptoms that may reasonably be associated with gynecologic disease
- Use the ICD-9 code that best describes the disease present (150 supportive codes)

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