

Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-03-054

Date: MAY 2, 2003

Change Request 2637

SUBJECT: Diagnosis Code for Screening Pap Smear and Pelvic Examination Services

I. GENERAL INFORMATION

A. Background:

Effective January 1, 1998, §1861(nn) of the Social Security Act (42 USC 1395x(nn)) provided coverage for a screening Pap smear for women under certain conditions. See the Medicare Carriers Manual (MCM) §4603.1A and the Medicare Intermediary Manual (MIM) §3628.1 for the applicable conditions for coverage and allowable frequencies.

The purpose of this Program Memorandum (PM) is to add the diagnosis codes for low risk patients to the Common Working File edits for Pap smear and Pelvic examinations. The two new additional diagnosis codes for low risk are V76.47 and V76.49. V76.49 has been added for providers to use for women without a cervix.

The following chart list the diagnosis codes that CWF must recognize for low risk or high risk patients for pap smear and pelvic examinations.

Low Risk Diagnosis Codes	Definitions
V76.2	Cervix (routine cervical papanicolaou smear)
V76.47	Special screening for malignant neoplasm, vagina
V76.49	Special screening for malignant neoplasm, other sites
High Risk Diagnosis Code	
V15.89	Other

There are no changes to the HCPCS codes used to bill screening Pap smears.

Contractors must publish this information on their website and notify providers in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
2637.1	In addition to the low risk diagnosis code V76.2, contractors should also allow low risk diagnosis codes V76.47 and V76.49 on screening Pap smear and pelvic examination.	FI, Carrier
2637.2	CWF must add the following low risk diagnosis, V76.47 and V76.49 to existing frequency edits for Pap smear and Pelvic Examinations.	CWF, FI, Carrier

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
2637.1	Contractors must publish information on their Web sites approximately two weeks after the receipt of this PM regarding the two diagnosis codes allowed for low risk patients for Pap smears and Pelvic examinations.
2637.1	Contractors should publish information on the additional low risk diagnosis codes in their next regularly scheduled bulletin.

B. Design Considerations: None

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. ATTACHMENT(S): None

Implementation Date: October 1, 2003 Discard Date: March 1, 2004 Post-Implementation Contact: Your CMS Regional Office	Effective Date: October1, 2003 Funding: These instructions should be implemented within your current operating budget.
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