

Pathology Consultants of New Mexico

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Pap ICD-9 Codes for Medicare, Medicaid, and All Insurances

Routine Screening Medicare will pay for one routine screening Pap every 2 years; <u>an ABN form must be signed by the patient and attached to the requisition in order for the specimen to be processed for Medicare patients</u>	High-Risk Screening Medicare will pay for one high-risk screening Pap every 12 months; <u>an ABN form must be signed by the patient and attached to the requisition in order for the specimen to be processed for Medicare patients</u>	Diagnostic If an acceptable Medicare diagnostic ICD-9 code is provided, Medicare will cover Pap and no signed ABN is required.
V76.2 Special screening for malignant neoplasms; cervix V72.31 Routine gynecological examination V76.47 Special screening for malignant neoplasms; vagina V76.49 Special screening for malignant neoplasms; other sites For Medicaid screening ICD-9 codes, see reverse side	V15.89 Other specified personal history presenting hazards to health; childbearing age (cancer or other abnormal genitourinary during the preceding 3 years) V69.2 High-risk sexual behavior (this code is not to be used as a primary code for Medicare patients)	ICD-9 code provided by the clinician For Medicare diagnostic ICD-9 codes, see reverse side

Criteria for Medicare High-Risk Screening Pap Test

The patient must meet one of the following criteria for Pap test to be considered high-risk screening:

- 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).
- If the patient meets one of the above criteria, then the V15.89 code must be provided on the requisition **and** one of the following codes or descriptions must also be provided on the requisition:
- Fewer than 3 negative Pap tests within the previous 7 years.
- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

Caution: A signed ABN is still required for this code.

- V69.2 Five or more sexual partners; onset of sexual activity under 16 years of age
- V08 (history of HIV)
- 760.76 Prenatal exposure to DES
- V13.8 History of sexually transmitted diseases
- 795.09 Absence of three consecutive negative Paps
- 042 (history of HIV)
- Absence of any Pap in previous 7 years

Criteria for Medicare Diagnostic Pap Test

The patient must meet one of the following criteria for Pap test to be considered diagnostic:

- The patient has been previously diagnosed with cancer of the vagina, cervix, or uterus that has been or is presently being treated.
- The patient has had a previous abnormal Pap test.
- The patient presents with any current abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa.
- The patient presents with any significant complaint referable to the female reproductive system.
- The patient shows any sign or symptom that might, in the referring clinician's judgement, reasonably be related to a gynecological disorder.

Breast and Cervical Cancer Detection and Control Program

Please remember to attach copies of all Breast and Cervical Cancer Detection paperwork to the requisition.

Acceptable Medicare Diagnostic ICD-9 Codes

180.0-180.9	Malignant neoplasm of cervix uteri (includes endocervix, exocervix, and other specified sites of cervix)	622.0-622.9	Noninflammatory disorders of cervix
182.0-182.8	Malignant neoplasm of body of uterus	623.0-623.9	Noninflammatory disorders of vagina
184.0-184.9	Malignant neoplasm of other and unspecified female genital organs	624.01-624.9	Noninflammatory disorders of vulva and perineum
233.1	Carcinoma in situ of cervix uteri (CIN 3)	625.0-625.9	Pain and other symptoms associated with female genital organs
233.31	Carcinoma in situ of other and unspecified female genital organs; vagina (VAIN 3)	626.0-626.9	Disorders of menstruation and other abnormal bleeding from female genital tract
614.0-614.9	Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum	627.0-627.9	Menopausal and postmenopausal disorders
615.0-615.9	Inflammatory disease of uterus, except cervix	628.0-628.9	Infertility, female
616.0-616.9	Inflammatory disease of cervix, vagina, and vulva	629.0-629.9	Other disorders of female genital organs
617.0-617.9	Endometriosis	795.00-795.09	Other and nonspecified abnormal cytological, histological, immunological, and DNA test findings
618.00-618.9	Genital prolapse	V10.40-V10.44	Personal history of malignant neoplasm of female genital organs
619.0-619.9	Fistula involving female genital tract	V72.32	Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear
620.0-620.9	Noninflammatory disorders of ovary, fallopian tube, and broad ligament		
621.0-621.9	Disorders of uterus, not elsewhere classified		

Acceptable Medicaid ICD-9 Codes

Pregnancy related		Family Planning	
V22.0	Supervision of normal first pregnancy	V25.01	Prescription of oral contraceptives
V22.1	Supervision of other normal pregnancy	V25.02	Initiation of other contraceptive measures (fitting of diaphragm)
V23.0	Supervision of high-risk pregnancy; with history of infertility	V25.03	Encounter for emergency contraceptive counseling and prescription
V23.1	Supervision of high-risk pregnancy; with history of trophoblastic disease	V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V23.2	Supervision of high-risk pregnancy; with history of abortion	V25.09	Family planning advice
V23.3	Supervision of high-risk pregnancy; with grand multiparity	V25.1	Insertion of intrauterine contraceptive device (IUD)
V23.41	Supervision of high-risk pregnancy; with history of preterm labor	V25.2	Sterilization
V23.49	Supervision of high-risk pregnancy; with other poor obstetric history	V25.3	Menstrual extraction
V23.5	Supervision of high-risk pregnancy; with other poor reproductive history	V25.40	Surveillance of previously prescribed contraceptive methods, unspecified
V23.7	Supervision of high-risk pregnancy; with insufficient prenatal care	V25.41	Surveillance of previously prescribed contraceptive methods, contraceptive pill
V23.81	Supervision of other high-risk pregnancy; with elderly primigravida	V25.42	Surveillance of previously prescribed contraceptive methods, (IUD)
V23.82	Supervision of other high-risk pregnancy; with elderly multigravida	V25.43	Surveillance of previously prescribed contraceptive methods, implantable subdermal contraceptive method
V23.83	Supervision of other high-risk pregnancy; with young primigravida	V25.49	Surveillance of previously prescribed contraceptive methods, other contraceptive method
V23.84	Supervision of other high-risk pregnancy; with young multigravida	V25.5	Insertion of implantable subdermal contraceptive
V23.89	Supervision of other high-risk pregnancy	V25.8	Other specified contraceptive management
V23.9	Supervision of unspecified high-risk pregnancy	V25.9	Unspecified contraceptive management
V24.2	Postpartum care and examination, routine postpartum follow-up	V72.31	Routine gynecological examination
V72.31	Routine gynecological examination		