



JOB AID: PAP SMEAR (PROCEDURE CODES and ICD-10 CODES)

Effective 8/7/2018

Revised 11/03/2019, 12/08/2020, 1/1/2025

Screening Pap smears require specific ICD-10 codes to be eligible for preventive coverage which includes waving of coinsurance and deductibles. Pap testing is covered by Medicare every two years, unless the physician suspects cervical abnormalities and shortens the interval. A high-risk patient is covered for a Pap smear annually. If the patient receives a second Pap smear within the frequency limit, Medicare will deny the claim. In that case, either use the diagnostic Pap smear codes and supply signs and symptoms to validate coverage of the claim, or use an Advance Beneficiary Notice (ABN) and bill the patient for services rendered.

CPT / HCPCS Codes Used at Beebe Healthcare for the Processing of Pap Smears (Screening and Diagnostic)

TEST NAME	CPT CODE	DESCRIPTION	*ESTIMATED COST
SCREENING PAP	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	\$153.00
DIAGNOSTIC PAP	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision.	\$153.00

*Estimated cost as of 1/1/2025.

CMS Preventive Pap Smear Coding and Frequency:

All female Medicare beneficiaries are covered for screening pap smears on a routine basis.

- *Every 2 years (or 23 months past the month of the last covered exam) for women at LOW RISK (ICD-10-Codes: Z01.411, Z01.419, Z12.4, Z12.72 and Z12.89).*
- *Annually (or 11 months past the following 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. (ICD-10-Codes: Z72.51, Z72.52, Z72.53, Z77.29, Z77.9, Z91.89, Z91.850, Z95.858, Z92.89).*

Preventive eligibility should only be reviewed for patients with normal risk diagnosis information as listed above. The common working file does not account for high risk schedule and is not a reliable source of projected eligibility or required ABN submission.

Source: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R48NCD.pdf>

ICD-10 Codes Specific to Low and High Risk Pap Smears

ICD-10 CM CODE	DESCRIPTION	RISK
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings.	Low
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings.	Low
Z12.4	Encounter for screening for malignant neoplasm of cervix	Low
Z12.72	Encounter for screening for malignant neoplasm of vagina	Low
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs.	Low
Z72.51	High risk heterosexual behavior	High
Z72.52	High risk homosexual behavior	High
Z72.53	High risk homosexual behavior	High
Z77.29	Contact with and (suspected) exposure to other hazardous substances	High
Z77.9	Other contact with and (suspected) exposures hazardous to health	High
Z91.89	Other specified personal risk factors, not elsewhere classified	High
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy	High
Z92.858	Personal history of other cellular therapy	High
Z92.86	Personal history of gene therapy	High
Z92.89	Personal history of other medical treatment	High