



Attention Professional Providers, Independent Laboratory Providers, Take Charge Plus Providers and Outpatient Hospital Providers

Papanicolaou test (Pap Test) Revised

The American Congress of Obstetricians and Gynecologists guidelines (ACOG) does not recommend cervical cancer screening of women younger than 21 years of age. Effective with dates of service January 1, 2017 and going forward, Louisiana Medicaid will no longer reimburse for routine cervical cancer screening for recipients under the age of 21 years.

However, Medicaid considers cervical cancer screening medically necessary for recipients under age 21 who were exposed to diethylstilbestrol before birth, have Human Immunodeficiency Virus, a weakened immune system, a history of cervical cancer, or other criteria subsequently published by American College of Obstetricians and Gynecologists (ACOG).

Outside of these ACOG guidelines, Louisiana Medicaid will cover repeat Pap tests for recipients under the age of 21 that are being treated for abnormal cervical cancer screening test results prior to January 1, 2017.

Providers of these recipients must submit hard copy supporting documentation to the fiscal intermediary. Required documentation includes, but is not limited to:

- Initial abnormal Pap test result and subsequent abnormal Pap test results
- History and Physical
- Procedure/Progress note

For those recipients under the age of 21, it is the responsibility of the treating provider to submit the required documentation needed for billing to the laboratory provider.

Providers of these services must submit hard copy supporting documentation to the fiscal intermediary to have the age restriction bypassed for a specific clinical situation.

Claims filed with hard copy supporting documentation to the fiscal intermediary will pend Medical Review for confirmation of the conditions that are considered medically necessary.

- If the hard copy documentation is not present, the claim for the test will be denied.
- If the hard copy supporting documentation is present and meets the clinical criteria, the claim will be allowed to continue normal processing.

Updates to Healthy Louisiana related systems and claims processing are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan. Fee For Service (FFS) policy updates to follow. Questions regarding FFS Medicaid should be directed to Molina Provider Relations at 1(800) 473-2783 or (225) 924-5040.