Papanicolaou Testing for Cervical Cancer

Papanicolaou testing (also called a Pap test) is a screening procedure for cervical cancer. The Pap test detects the presence of precancerous or cancerous cells on the cervix, the opening of the uterus. Louisiana Medicaid supports The American Congress of Obstetricians and Gynecologists guidelines (ACOG) regarding Pap tests. It is not considered medically necessary to screen women younger than 21 years of age if they do not meet eligibility criteria. Therefore, effective with dates of service January 1, 2017 and forward, Medicaid will not routinely reimburse testing done on women under 21 years of age.

Eligibility Criteria

Medicaid considers cervical cancer screening medically necessary for recipients under 21 years of age if they meet the following criteria:

- Were exposed to diethylstilbestrol before birth;
- Have human immunodeficiency virus;
- Have a weakened immune system;
- Have a history of cervical cancer; or
- Meet other criteria subsequently published by ACOG.

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

Providers of recipients who meet any of the criteria above 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; and
- Procedure note.

Reimbursement

Collection of cytopathologic vaginal test (Pap test) specimens are included in the reimbursement of the Evaluation and Management service.

A claim for a Pap test may be submitted only if the provider submitting the claim has the necessary laboratory equipment to perform the test in their office or facility.

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 to 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.