



**Louisiana Department of Health  
Health Plan Advisory 16-33  
January 26, 2017**

**Update to Medicaid Policy: Papanicolaou Test (Pap Test) Age Criteria (Revised)**

This advisory provides notification of changes in age criteria for coverage of the Papanicolaou Test (Pap test). The American Congress of Obstetricians and Gynecologists (ACOG) guidelines do not recommend cervical cancer screening for women younger than 21 years of age. Effective with dates of service Jan. 1, 2017 and forward, Louisiana Medicaid fee for service 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 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 Jan. 1, 2017.

Providers of these recipients who meet any of the above 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 results.
- History and physical.
- Procedure/progress note.

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 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.

The Managed Care Organizations must cover services listed on the Louisiana Medicaid fee schedules. Updates to Managed Care Organization changes are plan specific and are the responsibility of each health plan to make appropriate changes to their fee schedule, coverage criteria and prior authorization process.