

Client Bulletin

Reviewed March 2024

Medi-Cal Update: Cervical Screening

Effective for dates of service on or after May 1, 2013, cervical screening is restricted to women ages 21 through 65 regardless of sexual history. Reimbursement may be made for services provided to women younger than 21 years or over the age of 65. However, the ordering provider must document on the laboratory order that the woman meets one or more of the following:

- Received a diagnosis of a high-grade precancerous cervical lesion (cervical intraepithelial neoplasia [CIN] 2, CIN 3, or adenocarcinoma in situ [AIS]) within the past 20 years and requires screening after the initial post-treatment surveillance per current American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP) and American Society for Clinical Pathology (ASCP) guidelines, or any prior diagnosis of cervical cancer (e.g., Z87.410, N87.1, C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9)
- In utero exposure to diethylstilbestrol (DES) (e.g., P04.8, T38.5X5)
- Immunocompromised status (such as HIV positive or immune suppressed such as a transplant patient using steroids) (e.g., B20, Z94.X)
- Requires repeat cervical cytology to reevaluate prior atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesion (LSIL), or CIN 1 test result (e.g., Z87.410, N87.0 N87.1, N87.9, R87.610, R87.611, R87.612, R87.613)
- Over the age of 65 who did not have adequate negative prior screening. Adequate negative prior screening is defined as three consecutive negative cytology results or two consecutive negative co-tests within the ten years before cessation of screening, with the most recent test occurring within the past five years

We appreciate your assistance in complying with these new guidelines regarding CPT codes 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166 or 88167, 88174 or 88175. Cervical Screening testing limitations are indicated in the Medi-Cal provider manual under Pathology: Cytopathology (path cyto).

For additional information on Medi-Cal's coverage policies, please refer to the Medi-Cal Provider Manual available at [medi-cal.ca.gov/publications](https://www.medi-cal.ca.gov/publications)

If you have any questions, please contact your Quest Diagnostics sales representative.

Disclaimer: The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

The above information serves as a reference tool for laboratory test services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record.