

Gynecologic or Annual Women’s Exam Visit & Use of Q0091 (Pap, Pelvic, & Breast Visit)

Last Updated: 2/4/2025

Last Reviewed: 2/12/2025

Originally Effective: 5/23/2007

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM044

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All)

Provider Contract Status: Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

Claim Dates: All

Reimbursement Guidelines

A. General Statement

Coding for the annual women’s (gynecological) exam differs for a Medicare Advantage plan versus a Commercial health plan. Use of correct codes for the member’s plan type is essential so the member receives their available benefits.

B. For Medicare Advantage plans:

1. Our Medicare Advantage plans cover four types of preventive visits. The scope, purpose, and coding for each are different, and it is important to avoid confusion.
 - a. Initial Preventive Physical Exam (IPPE). Also known as the “Welcome to Medicare” exam.
 - i. This is a Medicare benefit covered only once in a lifetime; must be performed within first 12 months of enrollment in Part B.
 - ii. Report using G0403 or G0468 (for FQHC).⁷
 - b. Annual Wellness Visit (AWV).
 - i. This is a Medicare benefit covered once every 12 months. We administer this benefit on a calendar year basis.
 - ii. Report using G0438, G0439, or G0468 (FQHC).
 - iii. For more information about the components included in the Annual Wellness Visit, see “Medicare Wellness Visits,” [ICN MLN6775421](#)⁷
 - c. Cervical and/or vaginal cancer screening, and clinical breast examination.
 - i. These are specific components that are Medicare benefits covered once every 12 months. We administer this benefit on a calendar year basis.

Note that the components covered by Medicare does not include all elements that may be included in a Commercial gynecological exam visit. However, in general, those are covered by Medicare in the [Annual Wellness Visit](#).
 - ii. Report using G0101 & Q0091. [See below](#) for more details and ancillary lab codes.
 - d. Annual routine (preventive) physical.
 - i. Not covered by Original Medicare. This is an added benefit under our Medicare Advantage plans; covered once each calendar year.
 - ii. Report using 99381 – 99397.
2. Coding the cervical - vaginal cancer screening/breast exam and ancillary services.
 - a. The provider performing the Pap/pelvic/breast exam visit:
 - i. May submit the following procedure codes.
 - 1) Exam: G0101 (Cervical or vaginal cancer screening; pelvic and clinical breast examination)
 - 2) Obtaining specimen: Q0091 (Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory)

- ii. If a screening rectal exam is performed as part of the Pap/pelvic/breast exam which is not combined with an Annual “Wellness” visit, the screening rectal exam is considered incidental and may not be separately reported.
 - iii. Do not report using 99381 - 99397.
Preventive medicine codes (e.g., 99397, 99397-52) will be processed as an annual routine (preventive) physical, even when billed with a gynecological diagnosis code (e.g., Z01.419).
 - 1) If the member has already had an annual routine (preventive) visit, the claim will deny to provider write off as a benefit exhausted.
 - 2) If the member has not yet had an annual routine (preventive) visit, this claim will exhaust that benefit, and the member will not be able to have a preventive visit with their PCP until the following calendar year. This creates the potential for an appeal and request for your office to submit a corrected claim.
- b. The laboratory performing the Pap test and cervical cancer screening test may bill:
- i. The appropriate lab procedure for the screening Pap test:
 - 1) **G0123** (*Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision*)
 - 2) **G0124** (*Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician*)
 - 3) **G0141** (*Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician*)
 - 4) **G0143** (*Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision*)
 - 5) **G0144** (*Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision*)
 - 6) **G0145** (*Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision*)
 - 7) **G0147** (*Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision*)
 - 8) **G0148** (*Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening*)
 - 9) **P3000** (*Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision*)
 - 10) **P3001** (*Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician*)
 - ii. Screening for cervical cancer:
G0476 (*Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test*)
- c. Additional preventive services (e.g., a screening rectal exam, a health risk assessment, ordering covered preventive/screening labs and tests, or other assessment of a non-symptomatic Member) are covered as part of an annual comprehensive preventive exam under the Member’s Annual “Wellness” visit benefit.
- i. Do not request a pre-service organizational determination of non-coverage in order to have the member pay for these services out-of-pocket, as these are not non-covered services.

- ii. These services *are covered* as part of the Annual “Wellness” visit (which may be coded separately when performed) but are not part of a Pap/pelvic/breast exam.
- d. If the annual Pap/pelvic/breast exam has not yet renewed after being used and an additional clinical breast exam is deemed clinically necessary, report the additional exam with the appropriate problem-oriented E/M service code and diagnosis codes to indicate the Medical conditions or symptoms creating the clinical need.
- e. **Benefit Limits and Benefit Periods**
Providers are expected to know when the Medicare Advantage member last utilized limited benefits and reschedule the visit with the member if the benefit is being utilized too soon. Access Benefit Tracker or contact our Customer Service team to verify whether the Pap/pelvic/breast exam and/or annual preventive visit is exhausted or still available.

C. For Commercial plans:

1. Report a gynecologic or annual women’s exam using the age-appropriate preventive medicine visit procedure code and a gynecological diagnosis code (e.g., Z01.419). Do not report using S0610-S0613.
2. If an abnormality or another medical problem is encountered and is significant enough to require the additional work of a problem-oriented E/M service, then the appropriate office/outpatient E/M code (99201 – 99215) may also be reported with modifier 25 appended.¹
3. Do not report an insignificant or trivial problem/abnormality that is encountered which does not require the performance of the key components of a problem-oriented E/M service.¹
4. Do Not Use Q0091 for Commercial plans:
 - a. Effective for dates of service October 12, 2015 and following, HCPCS code Q0091 will no longer be considered valid procedure codes for our Commercial claims and will be denied to provider write off with an explanation code that maps to:
 - CARC 16 (Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.)
 - RARC M51 (Missing/incomplete/invalid procedure code(s).)
 - b. Q0091 is a Medicare-specific code; do not report on a Commercial claim. Instead, please use the age-appropriate preventive medicine visit procedure code with diagnosis Z01.411 or Z01.412.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
AWV	Annual Wellness Visit
CARC	Claim Adjustment Reason Code
CCI	Correct Coding Initiative (see “NCCI”)
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DRG	Diagnosis Related Group (also known as/see also MS DRG)
E/M	Evaluation and Management (services, visit)
E&M	(Abbreviated as “E/M” in CPT book guidelines, sometimes also abbreviated as “E&M” or “E & M” in some CPT Assistant articles and by other sources.)
FCHC	Federally Qualified Health Center
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")

Acronym	Definition
HIPAA	Health Insurance Portability and Accountability Act
IPPE	Initial Preventive Physical Exam
MS DRG	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
MUE	Medically Unlikely Edits
NCCI	National Correct Coding Initiative (aka “CCI”)
PTP	Procedure-To-Procedure (a type of CCI edit)
RARC	Remittance Advice Remark Code
RPM	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
UB	Uniform Bill

Related Policies

- A. [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- B. [“2021 & 2023 Updates to Evaluation and Management \(E/M\) Visits and Prolonged Services.”](#) Moda Health Reimbursement Policy Manual, RPM076.
- C. [“Preventive Medicine & Problem-Oriented E/M Visits, Same Day.”](#) Moda Health Reimbursement Policy Manual, RPM078.

Resources

1. American Medical Association. “Preventive Medicine Services.” *Current Procedural Terminology (CPT) - 2015*. Chicago: AMA Press. Page35.
2. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 12 Supplemental Services HCPCS Level II Codes A0000 - V9999, § C.2.
3. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 12 Supplemental Services HCPCS Level II Codes A0000 - V9999, § C.3.
4. CMS. “Medicare Preventive Services Quick Reference Chart.” ICN MLN006559 August 2020; last accessed November 30, 2020. <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>
5. CMS. “Screening Pap Smears.” *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 18 – Preventive and Screening Services, § 30.
6. CMS. “Screening Pelvic Examinations.” *Medicare Claims Processing Manual* (Pub. 100-4). Chapter 18 – Preventive and Screening Services, § 40.
7. CMS. “Medicare Wellness Visits. Medicare Learning Network (MLN). ICN MLN6775421. Last updated February 2021; last accessed May 18, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html> .

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
2/12/2025	Related Policies updated. Formatting updates. No policy changes.
3/13/2024	Formatting updates. No policy changes.

Date	Summary of Update
2/8/2023	Types of Business: Corrected to remove Medicaid. Clarified not to report gynecologic or annual women's exam with S0610-S0613. Updated prolonged services codes. Related Policies updated. No policy changes.
12/14/2022	Idaho added to Scope. Related policies updated. Formatting updates. No policy changes.
6/8/2022	Information re: Medicare Advantage: IPPE, AWE, & annual routine (preventive) physical added benefit & clarified not to report Pap/pelvic/breast exam visit with 99381-99397 for Medicare Advantage plans. Acronyms, Resources, & procedure codes updated. No policy changes. Formatting updates. Policy History entries prior to 2022 omitted (in archive storage).
10/15/2015	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
5/23/2007	Original Effective Date (with or without formal documentation). Policy was created when Moda added Medicare Advantage plans and needed to specify coding for annual women's exams based on type of plan. ^{4, 5, 6}