

Centers for Medicare & Medicaid Services[Back to Document ID Search Results](#)**National Coverage Determination (NCD) for Screening for Cervical Cancer with Human Papillomavirus (HPV) (210.2.1)****– Tracking Information**

Publication Number	Manual Section Number	Manual Section Title
100-3	210.2.1	Screening for Cervical Cancer with Human Papillomavirus (HPV)

Version Number	Effective Date of this Version	Implementation Date
1	7/9/2015	3/7/2016

– Description Information**Benefit Category**

Additional Preventive Services

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.**Item/Service Description****A. General**

Medicare covers a screening pelvic examination and Pap test for all female beneficiaries at 12 or 24 month intervals, based on specific risk factors. See 42 C.F.R. § 410.56; Medicare National Coverage Determinations Manual, § 210.2.1 Current Medicare coverage does not include the HPV testing. Pursuant to §1861(ddd) of the Social Security Act, the Secretary may add coverage of "additional preventive services" if certain statutory requirements are met.

Indications and Limitations of Coverage**B. Nationally Covered Indications**

Effective for services performed on or after July 9, 2015, CMS has determined that the evidence is sufficient to add Human Papillomavirus (HPV) testing once every five years as an additional preventive service benefit under the Medicare program for asymptomatic beneficiaries aged 30 to 65 years in conjunction with the Pap smear test. CMS will cover screening for cervical cancer with the appropriate U.S. Food and Drug Administration (FDA) approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations.

C. Nationally Non-Covered Indications

Unless specifically covered in this NCD, any other NCD, by statute or regulation, preventive services are non-covered by Medicare.

D. Other

N/A

(This NCD last reviewed July 2015.)

Claims Processing Instructions

- TN 3460 (Medicare Claims Processing)

– Transmittal Information**Transmittal Number**

189

Coverage Transmittal Link<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R189NCD.pdf>**Revision History**

02/2016 - The purpose of this this Change Request (CR) is that CMS has determined that for dates of service on or after effective July 9, 2015, evidence is sufficient to add HPV testing under specified conditions. Effective date: 07/09/2015
Implementation date: 03/07/2016 ([TN 189](#)) (CR9434)

– **National Coverage Analyses (NCAs)**

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- Original consideration for Screening for Cervical Cancer with Human Papillomavirus (HPV) Testing (CAG-00442N)