

**Centers for Medicare & Medicaid Services****National Coverage Determination (NCD) for Diagnostic Pap Smears (190.2)****– Tracking Information**

<b>Publication Number</b> 100-3	<b>Manual Section Number</b> 190.2	<b>Manual Section Title</b> Diagnostic Pap Smears
<b>Version Number</b> 2	<b>Effective Date of this Version</b> 6/19/2006	<b>Implementation Date</b> 6/19/2006

**– Description Information****Benefit Category**

Diagnostic Laboratory Tests

**Please Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

**Indications and Limitations of Coverage****CIM 50-20, CIM 50-20.1**

A diagnostic pap smear and related medically necessary services are covered under Medicare Part B when ordered by a physician under one of the following conditions:

- Previous cancer of the cervix, uterus, or vagina that has been or is presently being treated;
- Previous abnormal pap smear;
- Any abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa;
- Any significant complaint by the patient referable to the female reproductive system; or
- Any signs or symptoms that might in the physician's judgment reasonably be related to a gynecologic disorder.

Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer. (See section 210.2.)

**Cross Reference**

(See section 210.2.)

**– Transmittal Information****Transmittal Number**

48

**Coverage Transmittal Link**

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R48NCD.pdf>

**Revision History**

07/1990 - Clarified section and title to differentiate its scope from and make it consistent with section on screening pap smears. Effective date NA. (TN 43)

03/2006 - Delete duplicate information and insert cross reference. Effective/Implementation date: 06/19/2006. (TN 48) (CR4278)

**– Additional Information****Other Versions**

- Diagnostic Pap Smears - Version 1, Effective between 5/15/1978 - 6/19/2006