

PAPANICOLAOU (PAP) TESTS

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Authority: 32 CFR 199.4(g)(1), (g)(2), and (g)(37)

I. PROCEDURE CODES

88141, 88150 - 88158
99201 - 99215 or 99301 - 99313

II. DESCRIPTION

Papanicolaou (Pap) test is an exfoliative cytological staining procedure for the detection and diagnosis of various conditions, particularly malignant and premalignant conditions of the female genital tract. Pap tests are performed as either a diagnostic or screening test. For TRICARE purposes diagnostic Pap tests are tests performed on symptomatic females presenting with signs or symptoms of malignant or premalignant disease or pregnancy; screening Pap tests are performed on asymptomatic females who do not present with signs or symptoms of cervical or medical disease.

III. POLICY

A. Cervical Pap tests are covered on either a diagnostic or screening basis subject to the circumstances and guidelines discussed in the following paragraphs.

1. Diagnostic Pap tests may be cost-shared under the following circumstances:
 - a. Previous cancer of the cervix, uterus, or vagina
 - b. Previous abnormal Pap test
 - c. Irritation or inflammation of the cervix
 - d. Abnormal vaginal bleeding
 - e. Abnormal vaginal discharge
 - f. Intrauterine exposure to diethylstilbestrol
 - g. As part of the prenatal laboratory workup for a new maternity patient

- h. As part of the care for women undergoing estrogen replacement therapy
- 2. The policy for screening Pap smears is outlined in Section 10.1 of this chapter.

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