

Chapter 7

Section 2.4

Cervical Cancer Screening

Issue Date: February 23, 1994

Authority: [32 CFR 199.4\(g\)\(1\)](#), [\(g\)\(2\)](#), and [\(g\)\(37\)](#)

Copyright: CPT only © 2006 American Medical Association (or such other date of publication of CPT).

All Rights Reserved.

Revision: C-9, October 20, 2017

1.0 CPT PROCEDURE CODES

88141 - 88155, 88164 - 88167, 99201 - 99215 or 99301 - 99313

2.0 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.

3.0 POLICY

Cervical PAP tests are covered on either a diagnostic or screening basis. (For additional information on screening PAP tests, see [the Clinical Preventive Services sections in Chapter 7.](#))

- END -

