



**News Flash - Physician Quality Reporting Initiative (PQRI)** - The Centers for Medicare & Medicaid Services (CMS) will begin testing eleven new quality measures for possible adoption in the PQRI program in future years. To learn more about how you can help CMS test these measures, visit <http://www.cms.hhs.gov/pqri> on the CMS website and select the "Measures/Codes" link on the left side of the page. And as a reminder, all educational resources about the 2008 PQRI are available on the dedicated PQRI webpage on the CMS website. To access this web page, visit <http://www.cms.hhs.gov/pqri> on the CMS website.

MLN Matters Number: MM6085

Related Change Request (CR) #: 6085

Related CR Release Date: June 20, 2008

Effective Date: September 23, 2008

Related CR Transmittal #: R1541CP

Implementation Date: September 23, 2008

## Screening Pelvic Examination

### Provider Types Affected

Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries (FI), and Medicare Administrative Contractors (A/B MAC)) for providing screening pelvic examinations for Medicare beneficiaries.

### What You Need to Know

The Centers for Medicare & Medicaid Services (CMS) has become aware that the *Medicare Claims Processing Manual*, Chapter 18 (Preventive and Screening Services), Section 40 (Screening Pelvic Examinations) is not clear on what elements are needed during a screening pelvic examination. CR 6085, from which this article is taken, clarifies this unclear information, specifically adding the following language (displayed below in bolded, underlined italics):

- "Section 4102 of the Balanced Budget Act of 1997 (P.L. 105-33) amended §1861(nn) of the Act (42 USC 1395X(nn)) to include Medicare Part B coverage of screening pelvic examinations ***(including a clinical breast examination)*** for all female beneficiaries for services provided January 1, 1998 and later; and

#### Disclaimer

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- A screening pelvic examination ***with or without specimen collection for smears and cultures***, should include at least seven of the following ***eleven*** elements:
  - Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge; and
  - Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses.
  - External genitalia (for example, general appearance, hair distribution, or lesions);
  - Urethral meatus (for example, size, location, lesions, or prolapse);
  - Urethra (for example, masses, tenderness, or scarring);
  - Bladder (for example, fullness, masses, or tenderness);
  - Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele);
  - Cervix (for example, general appearance, lesions or discharge)
  - Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support);
  - Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity); and
  - Anus and perineum.

Please note that CR 6085 does not provide any change in policy. It simply clarifies unclear information in the manual as stated above.

## Additional Information

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You can find more information about screening pelvic examinations by going to CR 6085, located at <http://www.cms.hhs.gov/Transmittals/downloads/R1541CP.pdf> on the CMS website. You will find the updated *Medicare Claims Processing Manual*, Chapter 18 (Preventive and Screening Services), Section 40 (Screening Pelvic Examinations) as an attachment to CR 6085.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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