

MEDI-CAL PAP AND HPV CO-TESTING REGULATIONS

REQUIRED FOR HPV CO-TESTING TO BE ORDERED:

- FEMALES ARE BETWEEN **30-65** YEARS OF AGE
- ICD-10-CM CODE **Z11.51** (ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS) IS NOTED ON THE REQUISITION FORM
- FOR **MEDI-CAL PATIENTS**: HPV CO-TESTING WILL ONLY BE REIMBURSED ONCE EVERY 5 YEARS. PLEASE PROVIDE HISTORY (SEE BELOW FOR EXCEPTIONS)

IF YOU HAVE A MEDI-CAL PATIENT AND FEEL IT IS MEDICALLY NECESSARY FOR HPV CO-TESTING OUTSIDE OF THE PARAMETERS ABOVE, YOU ARE **REQUIRED** TO SUBMIT A **TREATMENT AUTHORIZATION REQUEST (TAR)***:

- FOR RECIPIENTS UNDER 30 YEARS OF AGE
- FOR RECIPIENTS OVER 65 YEARS OF AGE
- FOR TESTING FREQUENCY GREATER THAN ONCE EVERY 5 YEARS

PLEASE NOTE THAT TESTING WILL NOT OCCUR IF THE ABOVE IS NOT FULFILLED OR YOU MAY SEND IN FORMAL AUTHORIZATION THROUGH FAMILY CHOICE IPA FOR CONFIRMATION OF COVERAGE.

FOR ANY SPECIAL REQUESTS OUTSIDE OF THESE PARAMETERS, PLEASE CALL TO:

DR. LOWELL GORDON (FAMILY CHOICE MEDICAL DIRECTOR)
714.334.4924.

* IF YOU NEED ASSISTANCE IN WHERE TO FIND THE **TAR** ON THE MEDI-CAL WEBSITE, PLEASE CALL OUR BILLING DEPARTMENT AT 714-657-7369 X394