

## Internal Medicine Coding Alert

### Reader Question: Diagnosis Code for Pap Screening

**Question:** We work in internal medicine as a group HMO. Can you tell me the distinction between using the ICD-9 codes V76.2 for a Pap smear and V72.3 for the annual gyn?

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**Answer:** According to ICD-9, V72.3 (Papanicolaou smear as part of general gynecological examination) is the correct code to use for a Pap smear performed with a general gynecology exam. V76.2 (routine cervical Papanicolaou smear) should be used for a Pap smear that is obtained apart from a general gynecology exam.

However, many practices find that many Medicare carriers will only accept the V76.2 code with a Pap smear. Prior to 1997, Medicare did not cover annual breast and pelvic screening exams. However, that policy has changed. This appears to be a case of carriers diagnosis coding edits being out of date with coverage policy. Currently, we recommend using V76.2 on Medicare claims for Pap smears both with a gynecological exam and separately. The American College of Obstetricians and Gynecologists and other medical speciality organizations are working with HCFA to resolve the discrepancy. ICA will keep you posted on any changes.