

Internal Medicine Coding Alert

Reader Question: Preventive Medicine = Carve-Out Coding

Question: A Medicare patient had a preventive visit (99397), E/M (99213-25), vaginal cancer screening (G0101) and Pap smear (Q0091). How should I carve out the codes?

Florida Subscriber

Answer: If you are using Medicare's guidelines for "carving out" charges, you must first start with your "actual" charge for 99397 (Periodic comprehensive preventive medicine ...; 65 years and over).

Suppose your practice charges \$150 for the preventive exam. You would subtract the charge for the remaining codes -- 99213 (Office or other outpatient visit for the E/M of an established patient), G0101 (Cervical or vaginal cancer screening; pelvic and clinical breast examination), and Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) -- from the "actual" charge. You can bill the patient the difference.