

Internal Medicine Coding Alert

READER QUESTIONS: Re-Pap Encounter Might Warrant Separate E/M

Question: Should I report an office visit in addition to a repeat Pap smear?

Massachusetts Subscriber

Answer: Whether you should code an E/M service in addition to the collection of another Pap smear specimen depends on what the encounter entailed.

A visit for a repeat Pap smear may involve more than just the procedure. If the internist provides a significant, separately identifiable evaluation and management service, then it would be appropriate to bill an evaluation and management code.

In this case, you should report the office visit, such as 99211-99215 (Office or other outpatient visit for an established patient ...). To indicate that the service is significant and separate from the Pap smear collection, Medicare requires you to append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M service. You should link the appropriate E/M code with modifier 25 to 795.08 (Unsatisfactory smear).

If the patient returns for a "re-Pap" due to an unsatisfactory smear, however, and the physician performs no additional service, you should not report the office visit. Instead, charge only the collection.

To Medicare and other carriers that recognize the HCPCS level-II Pap smear code, report Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory). Indicate a repeat Pap smear by attaching modifier 76 (Repeat procedure by same physician) to Q0091.

Report Q0091-76 with one of three V codes:

- V76.2--Special screening for malignant neoplasms; cervix
- V76.47--Special screening for malignant neoplasms; vagina
- V76.49--Special screening for malignant neoplasms; other sites.