Codify by AAPC

Internal Medicine Coding Alert

You be the Coder: Repeat Pap Smear

Question: My internist performed a repeat Pap smear on a Medicare patient after the lab said that the sample was inadequate. How should I report this?

Nevada Subscriber

Answer: You can report Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) again for the second Pap smear. But you must append modifier 76 (Repeat procedure by same physician) if your internist performed the Pap smear on or after July 1, 2005, to receive payment from Medicare.

Important: In this situation, the tricky part is choosing the diagnosis code to report to Medicare. While you would use 795.08 (Unsatisfactory smear) for other payers, Medicare requires you to report V76.2 (Special screening for malignant neoplasms, cervix), V76.47 (... vagina) or V76.49 (... other sites). You must use one of these three diagnosis codes to receive Medicare payment for the second Pap smear that your internist performs within the same year.

Remember: Normally, Medicare will pay for only one Pap smear every two years for a low-risk patient and one every year for a high-risk patient. Attaching modifier 76 will tell Medicare to bypass the frequency edits and avoid a claim denial.

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