

## Internal Medicine Coding Alert

### You Be the Coder: Routine Screening and Diagnostic Test: Choose Code Based on Purpose of Test

**Question:** A patient came in for a bone density scan, which was positive for osteopenia. I was taught to code based on the test results, but the physician thinks it should be reported as a routine screening exam (which would be paid at 100 percent). Should we code it as a routine/preventive test, or according to the diagnosis?

New York Subscriber

**Answer:** It depends on whether the bone density scan was done for diagnostic or screening purposes. If the scan was done for diagnostic purposes, you can report the diagnosis resulting from the scan (i.e. osteopenia (733.90, Disorder of bone and cartilage, unspecified)), according to ICD-9 coding guidelines. Instructions state that when patients receive only diagnostic services during an encounter, you sequence first the diagnosis, condition, problem, or other reason for the encounter that is documented in the medical record. Codes for other conditions (such as chronic illnesses) can be sequenced as additional diagnoses.

If the bone density scan was done for screening purposes (i.e. the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease), then you should identify it as such. ICD-9-CM guidelines state, "A screening code may be a first listed code if the reason for the visit is specifically the screening exam." They also state, "Should a condition be discovered during the screening, then the code for the condition may be assigned as an additional diagnosis."

**Radiology tests:** Thus, if your physician conducts a bone density scan on a screening basis, consider an appropriate V code to reflect that fact. For example, you might report V82.81 (Special screening for other conditions; other specified conditions; osteoporosis) in addition to a V code reflecting that a routine lab or radiology test was done in the absence of any signs, symptoms, or associated diagnosis, such as V72.5 (Special investigations and examinations; Radiological examination, not elsewhere classified) and/or a code from subcategory V72.6x (Special investigations and examinations; laboratory examination), as appropriate. If the routine test is performed during the same encounter as a test to evaluate a sign, symptom, or diagnosis, assign the V code to the routine test and the code describing the reason for the non-routine test to the appropriate code for that diagnostic test.