

Part B Insider (Multispecialty) Coding Alert

Diagnosis Coding: New ICD-9 Codes Bring Pap Smear Coding Up To Date

Remember fifth digit for 11 new codes

Tired of fumbling for an appropriate code for pap smear results? There's good news coming down the pike.

"For years, coders have faced pap results that didn't accurately fit any ICD-9 code description," says **Melanie Witt, RN, CPC, MA**, an independent coding consultant in Fredericksburg, VA.

The Bethesda system of pap smear reporting was updated in 2001 to classify pap smear results with more precision. Possible results include: Unsatisfactory; within normal limits; benign cellular changes; abnormal squamous cell changes of undetermined significance (ASC-US); abnormal squamous cell changes, cannot eliminate high-grade squamous intraepithelial lesion (ASC-H); and carcinoma. An ASC-US result could also include the notes "favor benign" or "favor dysplasia."

Another system, the Cervical Intraepithelial Neoplasia system, divides responses into unsatisfactory, negative, no term, CIN I, CIN II, CIN III or carcinoma.

Until now, the ICD-9 diagnosis code system hasn't been much help in coding pap smear results according to either of these systems. But starting in October, that's going to change. Now, instead of codes for ASC-US favor benign (795.01) and ASC-US favor dysplasia (795.02), ICD-9 will include 795.01 (ASC-US) and 795.02 (ASC-H).

The distinction is important, because guidelines from the **American Society for Colposcopy and Cervical Pathology** recommend human papilloma virus testing for an ASC-US result. But findings of ASC-H should proceed directly to a follow-up colposcopy, says **Edward Wilkinson**, ASCCP past-president and chairman of the consensus guidelines steering committee.

The new ICD-9 codes also delete high-grade squamous intraepithelial lesion from the definition of 622.1 (Dysplasia of cervix), and create a new code for high-grade SIL: 795.04 (Papanicolaou smear of cervix with high-grade SIL). In the past, coders were confused when they had findings of high-grade SIL, but the pathological report also indicated CIN III, which is billed with 233.1 (Carcinoma in situ of cervix uteri).

The changes also clarify that 622.1 is based on cytologic and histologic findings, while 795.00-795.09 are for cervical cytologic examination without histologic confirmation.

In other words, you should report a finding of high-grade SIL using 795.04 when you have only pap smear, or cytologic, findings, but report 233.1 when histologic findings indicate both HSIL and a CIN III, says Witt. "The distinction removes any confusion about which code to report when the pathology report indicates both HSIL and CIN III."

Starting in October, you'll also have a new code to report an inadequate pap smear: 795.08 (Nonspecific abnormal pap smear of cervix, unsatisfactory smear). This code describes an inadequate sample, and may indicate medical necessity for a repeat smear, according to Witt.

Also, ICD-9 2005 includes 11 codes with a fifth digit to let you report cervical cytology and histology findings with more detail. Whenever there's a fifth digit available, you must report the full five-digit code instead of truncating the code. For instance, you should use 795.09 (Other abnormal papanicolaou smear of cervix and cervical HPV) instead of 795.0 (Nonspecific abnormal papanicolaou smear of cervix) for a nonspecific abnormal Pap that provides no further information.

