

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Repeat Pap Smear Payment Can Be Yours If You Follow These Simple Steps

The wrong diagnosis code could cost you \$41 per patient.

If your patient's Pap smear results return as abnormal or display insufficient cells, the ob-gyn likely will perform a repeat smear. Use proper E/M coding to get the payment you deserve.

Pap smear results can return as abnormal for various reasons. For instance, if the patient has an inflammation, such as vaginitis (616.10), which affects the results of the Pap smear, the physician likely will treat the condition and perform another smear once the problem has resolved.

When the patient comes in for a second Pap smear, submit the appropriate E/M office visit code (99211-99215). You probably will be able to report a 99212 for this visit because the patient likely will come in only for the Pap smear. But CPT® does not include a code for taking the Pap, so you should use the office visit code. For example, 99212 (Office or other outpatient visit for the evaluation and management of an established patient ...) carries 1.22 relative value units (RVUs), unadjusted for geography. That translates to about \$41 for this visit.

Private payer versus Medicare: Some private payers will reimburse for handling the repeat Pap smear specimen (99000, Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory). But Medicare carriers consider the collection and handling part of the E/M service, and you should not code for it separately. In addition, Medicare will not reimburse for Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) for the repeat Pap smear because it is a diagnostic test. In this case, Medicare considers the service a problem E/M, not a preventive screening, and the specimen collection is part of the E/M service.

ICD-9 Codes Provide the Reason

You should use 795.0x (Nonspecific abnormal Papanicolaou smear of cervix) as the diagnosis code if the ob-gyn repeats the Pap smear due to abnormal results. This code requires a fifth digit, points out **Peggy Stilley, CPC, COBGC, ACS-OB**, director of auditing services at the American Academy of Professional Coders. If you don't include the fifth digit, this "could be a reason for a denial," she adds.

For example, a 35-year-old woman with multiple sexual partners presents for an annual exam. She has not had a Pap smear in four years. The Pap results return abnormal, and the physician asks her to come back in four months for a repeat Pap to follow any abnormal cell progress. When the patient returns, you should code the appropriate E/M office visit with 795.01 because the Pap is repeated due to abnormal cells.

How to code for inadequate samples: On the other hand, if the patient requires a second Pap smear because the first sample was inadequate (that is, the lab did not have enough cells in the specimen to interpret the results), you should use 795.08 (Unsatisfactory cervical cytology smear). For example, the ob-gyn misses the cervical opening when taking a Pap smear because the patient is obese. The Pap result indicates the absence of endocervical cells, and the physician likely would require another Pap. In this case, you would submit the second Pap screening with 795.08.

Alternatively, Medicare requires that you report the screening collection code (Q0091) with a modifier 76 (Repeat procedure or service by same physician or other qualified health care professional), and linked to a diagnosis of V76.2 (Special screening for malignant neoplasms; cervix) if the first smear was inadequate, Stilley says. If the second Pap smear returns as unsatisfactory, the physician may have the patient return within three months for a report. In this case, report an E/M depending on the services performed that day, and the ICD-9 code would again be 795.08.

ICD-10: Here's how the above mentioned diagnoses will appear in 2013:

Code 616.10 will become four options:

N76.0 (Acute vaginitis)

N76.1 (Subacute and chronic vaginitis)

N76.2 (Acute vulvitis)

N76.3 (Subacute and chronic vulvitis).

As for your abnormal Pap smear results, check out this [chart](#):

