

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Use Lab Encounter Codes Sparingly

**Question:** One of our patients who need to undergo a CT scan with contrast is required to have labs for creatinine before the scan. We've been using dx V72.69 because it's screening reasons for the patient having labs done. Of course this isn't a medical necessity code and NC doesn't have LCD's for this lab. Should we just apply the dx codes we use for patient having CT scan or should I use V72.69?

**Answer:** You have five codes for lab encounters:

- V72.60 □ Laboratory examination, unspecified
- V72.61 □ Antibody response examination
- V72.62 □ Laboratory examination ordered as part of a routine general medical examination
- V72.63 □ Pre-procedural laboratory examination
- V72.69 □ Other laboratory examination.

Although V72.60-V72.69 add specificity to reporting encounters for lab tests, you shouldn't routinely use one of them as the only code for a lab exam. Note that ICD-9's "Official Guidelines for Coding and Reporting" state you shouldn't use V72.6x as the primary diagnosis if you have documentation of "a sign or symptoms, or reason for a test."

This guidance clarifies that you shouldn't start billing all pre-op or routine-physical lab tests with V72.6x. Because the ordering physician, not the laboratory, assigns the ICD-9 code, you'll need to help your physician clients understand how they should and shouldn't use the new codes. V codes describe the reason for the encounter, but physicians should still use specific condition codes to describe the signs, symptoms, or disease that show(s) medical necessity for ordered tests.

You can use physician education opportunities and requisition-form design to encourage proper ICD-9 use. Informing physicians that they need to continue ordering lab tests with condition codes will help your lab show medical necessity and get paid for ordered tests.

Does that mean you can't use V72.6x as a primary diagnosis? No. ICD-9 indicates that you can use the code as a first-listed or additional diagnosis. You should only list V72.6x as the primary diagnosis "in the absence of any signs, symptoms, or associated diagnosis," according to ICD-9 official guidelines.

None of the NCDs lists V72.6x as a covered diagnosis. Because Medicare never listed V72.6x as a covered diagnosis for any of the lab NCDs, it is unlikely that you'll see V72.6x added as covered diagnoses.

**Bottom line:** If you perform diagnostic lab tests based solely on one of the lab exam V codes, Medicare and other payers will likely determine that you haven't demonstrated medical necessity and decline to pay.