

Part B Insider (Multispecialty) Coding Alert

Reader Question: 'V' Code Can Help You Support Lab Test Claims

Question: Our laboratory received an order for a PSA test for a patient one year after successful prostate cancer treatment. What diagnosis and procedure codes should we use?

Texas Subscriber

Answer: Assuming the ordering physician does not list clinical evidence of recurrent prostate cancer as the reason for the test, you should report the diagnosis as V10.46 (Personal history of malignant neoplasm; genital organs; prostate) and report 84153 (Prostate specific antigen [PSA]; total) for the PSA test.

Take care with cancer Dx: Don't list 185 (Malignant neoplasm of prostate) if the ordering physician does not indicate that this is a current cancer patient. Look to V codes for patients whose disease process is no longer active. Mislabeling a patient as an active cancer patient could affect his ability to obtain health or life insurance or affect his treatment by other physicians for other conditions.

Look for elevated PSA: If the lab finds elevated PSA, you should report the diagnosis code that supports those findings -- 790.93 (Elevated prostate specific antigen [PSA]). You should also report V10.46 as the secondary diagnosis in this case.

Screening is different: When a physician orders a screening PSA test for a patient in the absence of signs or symptoms of disease, you'll use a different diagnosis code. You'll also use a different procedure code for Medicare and some other payers.

Look to the following diagnosis and procedure codes to get paid for screening PSA for Medicare patients: Diagnosis:

- V76.44 (Special screening for malignant neoplasms; prostate)
- Procedure: G0103 (Prostate cancer screening; prostate specific antigen test [PSA]).