

CODING & DOCUMENTATION

Cindy Hughes, CPC

Pap smear collections

Q Is it permissible to bill for the collection of a Pap smear separately from a gynecological exam?

A CPT includes the collection of a Pap smear in the examination component of both preventive and problem-oriented evaluation and management (E/M) services. However, you should bill the screening Pap collection (Q0091) separately to Medicare because it is one of several preventive services that are a covered benefit under Medicare. Check with your other payers to determine whether they allow for separate reporting of the Pap smear collection.

It is also helpful to know which payers will reimburse code 99000, which is used to report the handling and/or conveyance of a specimen for transfer from a physician's office to a laboratory.

Driving assessments

Q How should I bill for a visit with an elderly patient to determine whether he or she should continue to drive?

A If your patient is covered by Medicare and the visit is prompted by specific symptoms or complaints, you should report the appropriate E/M code. If counseling is the predominant service in this encounter (i.e., accounting for more than 50 percent of the total face-to-face time), you may select the level of service based on time rather than key components. Be sure to document your time and the counseling you provided.

If you provide range of motion testing (95831) as part of your driving assessment, you can bill Medicare for it separately. However, vision screening, health risk assessment and preventive medicine counseling are

not separately payable services under Medicare Part B.

If the patient is eligible for Medicare's new annual wellness visit benefit, assessment of driving safety might be included in that service since safety assessment and cognitive and vision screenings are required components of the annual wellness visit.

For more information, see the *AMA Physician's Guide to Assessing and Counseling Older Drivers*, which is available online at <http://www.ama-assn.org/ama/pub/category/10791.html>.

Pediatric nutritional education

Q How should we code for nutritional education provided during a problem-oriented visit at which we discuss good eating habits with a child battling obesity?

A If you spend more than half of your face-to-face time counseling the child or the child's caregiver regarding obesity-related health concerns and risk-factor reduction, you may choose a level of service based on time rather than the history, exam and medical decision making components of the service (see "Time Is on Your Side: Coding on the Basis of Time," *FPM*, November/December 2008; <http://www.aafp.org/fpm/2008/1100/p17.html>). Be aware that not all insurers cover services related to obesity.

Editor's note: While this department attempts to provide accurate information and useful advice, third-party payers may not accept the coding and documentation recommended. You should refer to the current CPT and ICD-9 manuals and the *Documentation Guidelines for Evaluation and Management Services* for the most detailed and up-to-date information. **FPM**

About the Author

Cindy Hughes is the AAFP's coding and compliance specialist and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose. These answers were reviewed by the *FPM* Coding & Documentation Review Panel, which includes Robert H. Bösl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; David Filipi, MD, MBA, and the Coding and Compliance Department of Physicians Clinic; Emily Hill, PA-C; Kent Moore; Joy Newby, LPN, CPC; P. Lynn Sallings, CPC; and Susan Welsh, CPC, MHA.

DO YOU HAVE A CODING OR DOCUMENTATION QUESTION?

Send it to *FPM* by e-mail, fpmedit@aafp.org; by mail, *Family Practice Management*, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2680; or by fax, 913-906-6010. Include your address, daytime phone number and fax number. We cannot respond to all questions we receive, but we will publish answers to selected questions.