

## ICD-10 PAP DIAGNOSIS CODE UPDATE

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**SEPTEMBER 8, 2015**

Dear Valued PathGroup Client:

**Effective October 1, 2015, the Centers for Medicare and Medicaid Services (CMS) mandated conversion from the International Classification of Diseases 9th Revision (ICD-9) to the International Classification of Diseases 10th Revision (ICD-10) will go into effect.** A key trait of ICD-10 introduces more specific and complete codes that reflect modern medicine and updated medical terminology. As a result, Pap smear diagnosis codes have expanded for routine and high risk patient visits. Changes to frequently used Pap smear diagnosis codes are detailed below.

ICD-9 Code	ICD-10 Description and Code	Notes
<b>ROUTINE</b> V76.2	Encounter for screening pap smear for malignant neoplasm of cervix	<b>Z12.4</b> Routine Screening Pap - Cervix Only valid on female patients
	Encounter for screening for malignant neoplasm of vagina	<b>Z12.72</b> Routine Screening Pap - Vaginal Only valid on female patients
	Encounter for gynecological examination (general) (routine) with abnormal findings	<b>Z01.411</b> Routine Gyn - Abn Findings Only valid on female patients
	Encounter for gynecological examination (general) (routine) without abnormal findings	<b>Z01.419</b> Routine Gyn - No Abn Findings Only valid on female patients
<b>HIGH RISK</b> V15.89	Contact with and (suspected) exposure to potentially hazardous body fluids	<b>Z77.21</b> High Risk - Exposure to Bodily Fluids No source restrictions
	Personal history of other medical treatment	<b>Z92.89</b> High Risk - History of Treatment No source restrictions

To ensure you are properly reimbursed by payers, and to facilitate correct order accessioning, PathGroup recommends that clients familiarize themselves with the expanded Pap diagnosis code set prior to and after October 1, 2015.

Quick reference guides for expanded Pap diagnosis codes can be requested through your Territory Account Manager or accessed online at [pathgroup.com](http://pathgroup.com) > Physician Resources > ICD-10 Transition. Any PathGroup ordering form which currently mentions Pap diagnosis codes will incorporate these expanded ICD-10 options October 1 and going forward.

Clinical Laboratories are required to submit accurate and complete diagnosis codes to payers. The new ICD-10 clinical modification introduces greater specificity in code assignment, expanded injury codes, flexibility to add new codes, and more. Claims submitted with inaccurate or incomplete diagnosis

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coding may result in denials, creating additional time and labor from all parties to resolve. PathGroup relies on ordering physicians to submit appropriate diagnosis codes for all laboratory services requested. For proper claims processing on and after October 1, it is essential that the most accurate and complete ICD-10 diagnosis codes are filed to avoid incident.

With our clients and patients in mind, we remain focused on executing a seamless conversion and uninterrupted service. **For more information about PathGroup's ICD-10 transition status and resources to help your practice prepare, visit the Physician Resources page at [www.pathgroup.com](http://www.pathgroup.com).**