

RT107 CPT CODING FOR CYTOPATHOLOGY

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Refined EAC Guidance 88172-Final

Cytopathologic evaluations of fine needle aspirates are reported with codes 88172-88173. CPT code 88172 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine the adequacy of specimen(s)* is a physician code and may not be reported when a cytotechnologist assesses specimen adequacy. In order to clear up any potential confusion, we offer this explanation of the code. The unit of service for this code is best understood as *per site, per evaluation*, and it is not dependent upon the number of slides examined. The number of "passes" or "aliquots" of material obtained do not necessarily define the service.

An example of a real case study will provide further clarification.

A radiologist performs a fine needle aspiration of a lung lesion in a patient with lung and liver lesions. The radiologist makes one "pass," "two passes," or more and material is simultaneously presented to the pathologist for evaluation. There may be one slide or many slides stained by Pap, difquik and/or H and E. The pathologist makes a determination (professional judgment) that there is insufficient tissue for a diagnosis. The pathologist transmits the information to the radiologist and this episode (evaluation) constitutes one unit of 88172.

To continue the example, ten minutes later the radiologist now sends material from an FNA (fine needle aspiration) of the liver for immediate evaluation by the pathologist. [The radiologist may have made one "pass" or more into the liver. The material may include one slide or more. There may be one "aliquot" or more.] The pathologist now needs to start the evaluation of the new specimen. In this example, the pathologist determines that there are malignant cells present in this sample and communicates this information to the radiologist. This evaluation constitutes one unit of 88172.

To continue the example further, the radiologist now goes back to sample the lung lesion again. The pathologist is now presented another set of slides with which to evaluate. The slides are examined. The pathologist now confirms (on this sample) that malignant cells are present. This constitutes a third 88172 unit of service.

There are two very important concepts illustrated in this clinical example. First, the unit of service for each 88172 is independent of the number of slides, "passes" or "aliquots" generated during the FNA procedure. As illustrated above, the unit of service for code 88172 is best defined as *per site, per evaluation*. Second, multiple units of service on the same day of service are a common occurrence and depend upon the clinical circumstances for each patient.

The proper billing of CPT codes 88172 and 88173 has been detailed in a number of publications including *CPT Assistant* and *CAP Today*. The coding advice given in this letter is consistent with the previous advice rendered by the AMA and by the College of American Pathologists.