

RT101 CPT CODING FOR CYTOPATHOLOGY



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Course Objectives



- Apply solutions to common coding problems through interactive sessions with peers and experts.
- Be aware of new and emerging cytologic technologies and their coding.
- Be conversant with cytopathology CPT codes, and know the clinical situations that apply to the use of each.


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Cytcoding: What's In it For You?



- Mastery of:
 - General Coding Principles
 - Gynecologic Coding
 - CPT/HCPCS
 - ICD and ABNs
 - Non-gynecologic Coding
 - CPT/ICD
 - NCCI

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CPT vs ICD

- CPT determines payment amount
- ICD required to document necessity*
- LMRPs: Key to document for necessity under the CLFS
 - ICD9 specific to the Test
 - If subject to frequency limits **Need ABN**

* PM 6-10-03, ...reminder that physicians/ practitioners must provide a diagnosis on all orders and referrals* not merely lab tests or screening cytology


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MC Coding: Paps

- Reason for the test (scrn vs dx)
- Method of preparation
- Screening methodology
- Reporting system

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Gyn Coding

- Screening Pap (MC-HCPCS)
 - Routine, Q 2 yrs (V76.2 , 76.49 72.31)
 - High risk, no > q 11 mo (V15.89)
 - H/O cervical/vaginal ca or abnl on Pap prior 3 yrs.
The code category is assigned by the treating HCP not the lab!
- Diagnostic Pap (CPT)
 - For Abnormality on Phys. Exam, sx or sign
 - Medical Necessity (ICD)

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High Risk Factors (V15.89)

- Early sexual activity age <16 yr
- Multiple sexual partners \geq 5
- STD (incl HIV)
- < 3 neg Pap in prior 7 yrs.
- DES exposure (vaginal ca)

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“The Rules” for Screening Paps


	Manual screen (MS)	MS W/ Manual Rescrn	MS/Computer Rescrn (CR)	Manual scrn /CR with Cell Selection	Automated Screen	Automated Screen/ MR
Conventnl Pap-ARS	P3000	P3000	P3000	P3000	G0147	G0148
Conventnl Path. Interpret.	P3001	P3001	P3001	P3001	P3001	G0141
LBP-ARS	G0123	G0143			G0144	G0145
LBP- Path. Interpret.	G0124	G0124	G0124	G0124	G0124	G0124

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“The Rules” for Diagnostic Paps

	Manual screen (MS)	MS W/ Manual Rescrn	MS/Computer Rescrn (CR)	Manual scrn /CR with Cell Selection	Automated Screen	Automated Screen/ MR
Conventnl Pap-TBS	88164	88165	88166	88167	88147	88148
Conventnl Non-TBS	88150	88153	88152	88154	88147	88148
LBP-any vendor ARS	88142	88143			88174	88175
Pathol. Interpret.	88141	88141	88141	88141	88141	88141

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ICD-9 Billing

HCFA-1500 24E

- Put V76.2, V72.47/9 or 72.31 first for low risk
- Put V15.89 first for high risk
- Other codes after

There are a number of appropriate secondary diagnosis codes that can be listed in Item 21 of the HCFA 1500 claim form for Pap smear or pelvic exam claims in addition to V76.2 or V76.49(for low risk pts)...However one of the diagnosis codes in item 21 for low risk beneficiaries must be V76.2or V74.49, and this is the code that must be pointed to in Item 24E or the HCFA-1500. (Similarly for V15.89 for high risk screen) MCM Pt 3, Trans1675 (8/00)
**2006 added 72.31-for screening

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ICD-9: New Codes


- 795.0 series: For pap diagnosis.
 - excludes CIN, SIL, CIS

795.00: AGUS	795.01: ASCUS
795.02: ASC-H	795.03: LGSIL
795.04: HGSIL	795.05: HR-DNA +
795.08: Unsat Pap ^a	795.09: Other abnl smear or HPV

^aMay allow for more frequent/repeat Pap screening with coverage of followup smear

Note: Effective Oct. 1 2004 ICD-9 codes changed


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About ABNs

- Use w/ HCPCS for screening V codes
- Patient signs in office as guarantor for payment denied under Pt B as Non-covered or Limited—add reasons for non coverage
- Must submit modifiers:
 - -GA "not reasonable and necessary" or exceeds frequency, ABN signed
 - -GZ same as -GA but without signed ABN (refused or unable, i.e. ER)
 - -GY service not covered under MC

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Gyn Quiz #1

It is part of laboratory policy to have all pap smears f/ patients with a history of abnormalities, reviewed by a pathologist. The smear is a diagnostic non-Medicare thinlayer preparation-WNL. Code:

- a. 88141 **b. 88142**
- c. 88143 d. 88141 & 88142

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Gyn Quiz #2

A screening Medicare conventional pap is submitted. It is stained and screened showing blood only, unsatisfactory for interpretation, reviewed by the pathologist. CPT/ICD code(s):

- a. G0123/V76.2, 795.09
- b. P3000/V76.2, 795.08**
- c. P3000, 88141/ V76.2, 795.08
- d. P3000/795.09

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Gyn Quiz #3

A Medicare conventional smear is submitted for interpretation by TBS. No history given but 2 abnormal Paps in the past 5 yrs. are retrieved on the Lab computer. Billing code and ICD?

- a. P3000 & V76.2 b. P3000 & V15.89
- c. 88164 & 622.1 **d. other***

*Note: Contact the office for the correct code.

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Gyn Quiz #4

Non Medicare Pap on 42 year old female for TBS interpretation. Includes lateral vaginal wall scrape for maturation. The smear is sent for QC review to the pathologist.

a. 88141, 88164 **b. 88164, 88155**
c. 88155 d. 88141, 88164, 88155

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Gyn Quiz #5

A Thinprep Pap is submitted on a Medicare patient with high risk history. Screening diagnosis is ASC-H, referred to pathologist with diagnosis-NIL. Billing code and ICD?

a. G0123/V15.89 **b. G0123, G0124/V15.89**
c. G0123 /V76.2&V15.89 d. G0123, G0124/622.1

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Gyn Quiz # 6

A TBS pap non Medicare Pap is referred to the laboratory as a Thinprep. Screening diagnosis: Reactive/reparative. The pathologist signs it out as NIL.

a. 88142 b. 88141, 88143
c. **88141, 88142** d. 88141

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Gyn Quiz #7

A LBP is interpreted as NILM, Candida, then reviewed for routine QC. The supervisor calls it ASC-US. The pathologist calls it NILM. CPT?

a. 88142/G0123 b. 88143/G0123
c. **88142,88141/G0123, G0124**

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GYN QUIZ # 8

A colposcopic endocervical brushing is submitted in Thinprep solution with a concentrate prepared. History "AGUS, r/o endocervical ca. Request pathologist review". Shows benign gland cells.

a. **88142** b. 88141
c. 88160 d. 88108

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Gyn Quiz # 9

Conventional TBS Pap sent to lab showing trichomonas sent to pathologist due to obscuring inflammation. Orders a QC review from supervisor & calls it NILM. Non-Medicare, TBS.

a. 88165x2, 88141 b. 88164, 88141
c. **88165** d. 88164, 88165

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Quiz Gyn# 10

A Surepath Pap sent in for automated screening non Medicare, "V15.89, HPV if ASC-US". Findings ASC-US, con-firmed on manual rescreen & review. HPV performed by amplified direct probe.

a. 88174, 88141, 87621 b. 88147, 87621
c. **88175, 88141, 87621** d. 88174, 88141


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Paps are from Mars, but non-gyns aren't exactly from Venus

- Hurdles to payment for Gyn center on:
 - CPT/ICDs
 - ABNs
- Hurdles to payment for Non-gyn increasingly center on Edits
 - Units of service
 - Levels of Complexity

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NON-GYN Code Families

- Code depends on Preparation, primarily
- 88104-88112, washings, brushings and body fluids
 - 88104 Submitted or prepared slides
 - 88108 concentration: cytopins
 - 88106-7 Direct filtration s/w smears
 - 88112 Cellular enhancement

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88160-88162: Smears Other Source

- 88160 screening and interpretation
- 88161 preparation, screening and interpretation
- 88162 extended study involving >5 slides and/or multiple stains
- For intra-op cytology see 88333-4 (effective 1-1-06)

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Fine Needle Aspiration

- 88172 Immediate adequacy evaluation
- 88173 Interpretation and report
- 10021-2, performance of FNA
 - + 88305, 88312-3, 88342 etc
 - Documentation in Report*
 - Cyst Aspiration vs. FNA
 - Do not add other cytology codes if same specimen!

* CCI: "The medical record (eg operative report) should indicate the distinct nature of this service...The medical record should identify the precise location of each biopsy site."

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CCI and Bundling

- Target: unbundling w/ multiple codes used for group of procedures covered by 1 CPT
- Use most comprehensive single CPT/HCPCS
- Services billed by 1 provider/ pt /site/ DOS
- Two types of edits:
 - Comprehensive/component edits*
 - Mutually exclusive edits (also gender specific)

*Cannot pay column 2 code with column 1 code w/o modifier


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Mutually Exclusive Edits

- Target clusters of CPTs describing differing approaches to dx/rx of one medical problem
 - eg. Prohibition to 88108 and 88104 on same body fluid specimen.
- When a procedure is attempted and failed followed by another procedure only report the successful one
 - eg Prohibition to 10020 and 10021 by same provider. (Can use Modifier -22...)


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Modifiers for Medicare

- -22 Unusual procedural circumstances
- -25 Separate E&M service
 - May be related to same dx → necessity of procedure (FNA) but no work of FNA in it
- -59 Distinct procedural Service
 - Same pt, mult. times/sites, same day
 - Cannot use with E&M

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Cytopathology Specific Edits

“When cytopathology codes are rendered, the appropriate CPT to bill is that which describes, to the highest level of specificity, what services were rendered. Accordingly for a given specimen, only one code from a family of related codes describing a group of services that could be performed on a specimen with the same end result (eg 88104-88108...) is to be reported. If multiple services (separate specimens) are reported, the -59 modifier should be used to indicate that different levels of service were provided for different specimens. This should be reflected in the cytopathologic reports.”

CCI 8.3 XA-3


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Intra-operative cytology

- Subsets of Intra-operative consultation
- 88333, Cytologic examination, initial site
- 88334, Cytologic examination, each additional site(s)
- May bill with 88331/88332, use -59 to indicate separate site(s) separate specimen(s)
- Can use for any intra-procedural evaluation, eg lymph node, core bx liver under U/S, etc.

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Non-gyn Quiz

1. A Tzanck prep of a facial vesicular rash in a CLL patient is prepared in the Medicine clinic as 4 smears wet fixed in alcohol, "R/O HSV, R/O staph, please do Gram stain".

Code: 88160, 88312

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Non Gyn Quiz

2. A lymph node is submitted fresh for "Adequacy requested, send for flow prn". Touch preps X 4 are reviewed on H & E and Difquik stain. Material is harvested for Flow cytometry and snap frozen for molecular studies.

CPT:

a) 88161, 88329 b) 88161, 88329, 88305
c) **88333, 88305** d) 88333, 88312, 88305

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Non Gyn Quiz

3. A breast lumpectomy specimen is submitted fresh for "margins". Touch preps X 4 are reviewed intraoperatively on H&E stain with a FS & touch prep of tumor. Each margin is documented separately in the report & presence of tumor is confirmed.

CPT:

- a) 88331, 88329 + 88161 x 5, 88307
- b) 88333 x5, 88331, 88305
- c) 88331, 88333, 88334 x3, 88307
- d) **88331, 88334 x 4, 88307**

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Non Gyn Quiz


4. A 67 yo patient is referred to a pathologist for FNA of 2 cm right breast lesion at 1 o' clock with a 1.5 cm additional right breast lesion at 3 o' clock. Immediate evaluation of both, each adequate on 2 passes. Cell block done on #1.

CPT:

- a) 10021, 88172 x2, 88305
- b) 10021 x 2, 88172 x 4, 88305
- c) #1 10021, 88172 x 2, 88173, 88305 and #2) 10021-59, 88172-59 x 2, 88173-59*

*check carrier payment rules for necessity of modifiers. Document all separate passes for 88172 in report.

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Non Gyn Quiz


5. Referred in as fluid from outside clinic designated "lesion left breast for cytology" (collection procedure not stated). Contains foam cells, ductal cells and apocrine cells on concentrated prep and prepared smears w/ Cyto dx: consistent with cyst.

CPT: 88104 +/- 88173 +/- 88108?

A: 88108 (if large needle aspiration) or 88173 if FNA depending on carrier. 88104 usually not payable separately.

Note: MC will not pay for multiple cytologic preparations for one dx, same specimen.

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Non Gyn Quiz

6. FNA (U/S guidance by radiologist) of a 12 cm abdominal wall mass, adequate on 5th pass. 22 slides evaluated on Difquik, H & E, Pap stains. Smears, cytopins, cell block and 4 IHC reviewed:

CPT: 88172 X 5, 88173, 88305, 88342 X 4

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Non Gyn Quiz

7. A Cytology enrichment fluid vial is labeled as Lung, RUL brushings, as a brush used to prepare smears for immediate evaluation (pathologist present, specimen adequate). Remainder is rinsed in cytolyt processed as a Thinprep.

a) 88112 and 88104 b) 88112
c) **88333, 88112** d) 88333,88104, 88112

*Smears are bundled into 88112, similar to IE on smears prepared on liver core biopsies billed as 88333, 88307

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Non Gyn Quiz

8. A cytology enrichment fluid vial is submitted labeled as Lung, RUL brushings, containing the brush with adherent material. It is vortexed and used to prepare a concentrate and a cell block. Separate material also submitted as RUL brushings as 3 prefixed smears.

CPT: #1: 88108/88112, 88305 and #2: 88104 (if Medicare, use -59.)

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Non Gyn Quiz

9. A sputum submitted from an AIDS patient with fever and lung infiltrates. "R/O Pcp, AFB, Fungus" Smears & CB are reviewed on Pap, Difquik and H & E stains with a GMS & AFB performed on both smears and CB.

CPT: 88162, 88305, 88312 x 2.

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Non Gyn Quiz

10. A cytopathologist is consulted to do FNA on a supraclavicular mass in a pt w/ hilar lung mass. It is hospital policy that a focused H&P (15 min.) on the pt be performed and documented. FNA x 3 passes, adequate on second but with 3rd pass for CB only. IHC done for CAM 5.2, LCA and chromogranin on Cell Block to confirm metastatic small cell ca.

99251-25, 10021, 88172 x 2, 88173, 88305, 88342 x 4
* May need to use -59 modifier for Medicare

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Non Gyn Quiz

11. A Pathologist performs FNA on a 3 cm chest wall mass showing non small cell malignancy. She is asked to review prior separate skin and breast specimens from City and County Hospitals to render assessment as to the origin of the mets. After review and IHC x 4 on smears, metastatic melanoma is confirmed. The review of the 2 cases is documented diagnostically in the FNA report.

10021, 88173, 88342 x 4, 88321 x 2 (use -59 if Medicare)

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References:

- CPT 2007, AMA (800-621-8335)
- NCCI (NTIS, 703-605-6000). Free downloads, www.cms.hhs.gov
- CAP tutorials. www.cap.org
- CAP Today: coding questions.
- CAP EAC: CPT coding services.
